# LEGACY

## THE HERITAGE OF A UNIQUE INTERNATIONAL MEDICAL OUTREACH

RICHARD A. SCHAEFER

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## The Heritage of a Unique International Medical Outreach

By Richard A. Schaefer

PACIFIC PRESS ASSOCIATION
Mountain View, California
Omaha, Nebraska • Oshawa, Ontario

Editor: Bonnie Reynolds Johnson
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Book Design: Richard H. Utt
Cover Design: Elfred Lee
Cover Photography: Elwyn Spaulding

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PACIFIC PRESS PUBLISHING ASSOCIATION
Mountain View, California
Omaha, Nebraska
Oshawa, Ontario
Library of Congress Catalog Card Number: 78-51900
Printed in the United States of America

To

My three sons
Mark, Jon, and Jeff

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# ACKNOWLEDGEMENTS

To name everyone who has helped to make this book possible would probably tire the reader. Some took time to read the entire manuscript: physicians, theologians, church historians, administrators, chaplains, English teachers, book editors, and friends. Others made small but significant contributions or suggestions. Special thanks are due to the reference librarians and personnel of the Heritage Room at Vernier Radcliffe Memorial Library, Loma Linda University. To everyone who helped: Thank you. Hopefully, our efforts will benefit thousands.

# PREFACE

Have you ever enjoyed something so much that you wanted to share it with others? It may have been an interesting personal experience. It may have been a new musical recording or an unusual story. It may have been sad, humorous, frustrating, or inspirational. But whatever it was, it was meaningful and you wanted to share it with others. That is how I feel about *Legacy*.

I have heard parts of the story throughout the years. In preparation for my responsibilities at Loma Linda University, I read *The Story of Our Health Message* by D. E. Robinson and *John Harvey Kellogg, M.D.* by Dr. Richard Schwarz. Later I read parts of *The Original Has This Signature—W. K. Kellogg*, by Horace B. Powell. I told the story every two weeks at new employee orientations, updating and revising for ten years.

Eventually, I was invited to present the material to professional and church groups throughout the United States and Canada, sometimes traveling months at a time. So many requests for the material in written form followed that I decided to compile a book. This decision led to intense study.

I found parts of the legacy in many different sources: unpublished manuscripts, old newspapers, speeches, biographies, encyclopedias, research abstracts, professional journals, personal correspondence, and interviews. In trying to find original documentation for important parts of the story, I found not only what I was looking for but additional facts, which inspired an even greater appreciation for the legacy.

The story contains all the elements of human interest: humor, tragedy, compassion, the supernatural, inspiration, hope, and love of the highest order. It is an ongoing story that would be unbelievable if it were not so well documented.

Although the basic philosophy that has influenced the legacy over the years was adopted over a century ago, it is timeless. This philosophy has led to a unique life-style that has increased the longevity of those who practice it. This longevity has intrigued insurance companies. The National Cancer Institute, a subsidiary of the National Institutes of Health (NIH), has funded a five-year, $800,000 study to determine why 50,000 Californians who practice this life-style live longer.

The legacy has affected the lives of millions and has the potential to affect the lives of millions more. Certainly it is worth sharing.

Readers' comments are welcome and may be sent to Legacy, P.O. Box 1500, Loma Linda, California 92354.

January 1978
Loma Linda, California

*Chapter One*

# HOW MUCH MORE COULD THEY BEAR?

"With little prudence, any man
Can soon get rich in Mich-i-gan."

In the 1830s the words and catchy tune of this popular ballad infected many young people, and John Preston Kellogg, living on the banks of the Connecticut River across from Northampton, Massachusetts, was no exception. His ancestors had lived there since 1661, but he was tempted to move "out west" to Michigan. Kellogg's friend Lansing Dickinson, already in Michigan, wrote glowing reports. A public notice at the Northampton trading center caught Kellogg's eye. It described lush Michigan property for sale at $1.25 per acre.

In July 1834, Kellogg loaded his wife, Mary, their two sons, Merritt and Smith Moses, and their household possessions onto a carriage and headed for the Erie Canal at Albany, New York, where they boarded a horse-drawn barge. Opened in 1825, the canal connected New York communities with the Great Lakes. Stopping at a Michigan trading post—Detroit, population five thousand—Kellogg bought another horse-drawn carriage and headed for Dickinson's Settlement, near today's Flint, Michigan.

Kellogg declined to pay $2,000 for eighty acres of recommended land that was to become downtown Flint. Instead, he bought 320 acres two miles away from the hamlet for $400. At the time, only fourteen white families lived within the entire region. Chippewa Indians insisted on camping on the property. Kellogg established his family in an abandoned one-room log cabin about a mile south of his friend Dickinson's home. Somehow the Kelloggs survived their first Michigan winter; and, when weather and health permitted, they cleared the forest to provide cropland and built a two-story 18 x 24 foot log cabin.

## Bitter Medicine

But the Kelloggs were usually in poor health. Mary had tuberculosis, then called consumption. The frontier doctor's prescription? Periodic bleeding and the inhalation of resin fumes sprinkled over a shovelful of live coals. When sick, the Kellogg children were purged, "vomited," bled, and blistered—the popular medical procedures of the day. Once, the frontier doctor prescribed a wasp sting to the back of Kellogg's neck "to draw out the blood" from an inflammation in Kellogg's eyes.

Because of Mary's consumption, Kellogg hired Ann Stanley, a nearby blacksmith's daughter, to help with the household duties. Mary liked Ann. She told Kellogg, "If I should die, ask Ann to continue caring for our home and family." Mary died after the birth of their fifth child. Now, bereaved, almost hopelessly in debt because of a bad investment, and frequently sick, Kellogg struggled to rear five children (one a newborn) and operate a good-sized farm. Overwhelmed, he tried to persuade Ann, who was then teaching school in nearby Threadville, to baby-sit. But, to her, teaching was more important than baby-sitting, and she said no. He pleaded many times. She steadfastly refused. In desperation, Kellogg asked her to marry him. She accepted.

Ann was a good wife and mother, and she also knew something about farming. She persuaded John to keep sheep—to provide wool for the children's clothing—and to grow clover instead of swamp grass. By selling the clover seed at five dollars a bushel they were able to pay off their debt, build a large addition to their home, and buy a two-seated, light-spring wagon.

In 1849 they moved westward for the third time, settling in Tyrone Township near Battle Creek, Michigan. That summer their two-year-old daughter, Emma, contracted what Ann thought was a lung inflammation. But a frontier doctor from Hartland Center treated little Emma for worms instead. After a "purging" she died in convulsions. Ann insisted on an autopsy, which revealed inflamed lungs and no worms. Considering what American medicine had done to them, it was little wonder the Kelloggs grew bitter.

Seventeen years later Kellogg would help finance a worldwide health reform movement in response to his frustration. And eventually two of his sons would make Battle Creek and a new kind of health-care center internationally famous.

## A Confusing Picture

Early American medicine presented an often confusing and conflicting picture. In New England, for example, three leading physicians—Drs. Gallup, Tulley, and Miner—actively supported two completely different schools of thought. Dr. Gallup, believing that too much blood caused inflammation and fever, removed blood ounce after ounce; usually his patient's temperature would drop. Often it continued to drop. Many, including George Washington, were thus bled to death. After more than thirty-two ounces of Washington's blood had been drawn without the slightest improvement in his condition, he begged his physicians to leave him alone and let him die without further interruption. The physicians published details of the methods employed for his relief to give assurance that he had received the best of care and that his untimely death (from acute laryngitis) occurred in spite of all that human knowledge and skill could do.

Physicians of this school of thought believed that a man with a fever had too much vitality—too much life. So they bled him to take away the "excess" vitality, thus, in fact (as one nineteenth-century writer said), "killing him a little." Or completely. Such bleeding had been common for centuries. Indeed, in medieval England the craft of medicine was called "laece-craeft," or leech craft, after the blood-sucking worms the physicians carried about with them. Even in the mid-1800s pharmacies had pots of leeches on their shelves.[1]

Drs. Tulley and Miner, however, promoted treating the sick with strong drugs. They believed that as the body overcame the drugging, it would automatically overcome the causes of the original sickness. In 1858, Dr. Jacob Bigelow, recalling conditions within his lifetime, wrote: "Confinement by disease, which might have terminated in a few days, was protracted to weeks and months, because the importance of the case, as it was thought, required that the patient should be artificially 'taken down,' and then artificially 'built up'. . . . The question raised was not how much the patient had profited under this active treatment, but how much more of the same he could bear. . . . If diseases proved fatal . . . the misfortune was attributed to the circumstances of the remedies not being sufficiently active, or of the physician not being called in season."[2] Physicians of the drugging school used calomel, opium, heroin, blue mass, lunar caustic, prussic acid, antimony—even mercury, arsenic, and strychnine. Rigor mortis was a frequent complication in the practice of medicine.

## Lovingly Poisoned

J. N. Loughborough, a Protestant minister, remembered that in 1840 as an eight-year-old child he had watched while his father, ill with typhoid fever, was denied fresh air or cool water and was faithfully, lovingly given poisonous drugs until he died. The French artist-cartoonist Honoré Daumier depicted a nineteenth-century physician wondering, "Why the devil does it happen that all my patients succumb? I bleed them well, drug them, purge them. I simply can't understand." One physician, ill with typhus fever, prescribed for himself the usual remedies: "a gentle vomit," then a "decoction of Tamarinds [a laxative fruit drink], and at bedtime, an opiate, joined with antimonial wine." And after having taken a "drachm of Peruvian bark . . . every hour for six hours successively" with an occasional glass of port wine, he was perplexed that by evening he felt no better.[3]

According to an essay published in 1857 by Worthington Hooker, M.D., until the latter part of the sixteenth century some medicines were compounded from twenty, fifty, or even a hundred remedies, including frogs' eggs, powder of crabs' claws, the flesh of vipers, and dried toads.[4] Dr. Hooker denounced homeopathy and quackery and the medicines of the late sixteenth century, but he said with all sincerity, "Mercury is a remedy of great value in the treatment of many chronic diseases. . . ." He acknowledged that it had once been used with little discrimination and with disastrous results, and he condemned the use of mercury in cases where it was not necessary. He observed that it was now being "used with much less freedom." He said, however, ". . . there are some cases in which its introduction into the system [should be] effected as rapidly as possible and cases occasionally occur in which there is some reason to think that it is proper to use it in exceedingly large doses."[5] He continued, "Opium . . . is the most important of all drugs that are employed in the treatment of disease."[6]

As to the future, Hooker philosophized, "Some have indulged the hope that specifics [remedies] of different kinds will be discovered for the cure of disease. . . . But, strictly speaking, there are no specific remedies. . . . There may be some yet to be discovered: but we have no reason to expect this from our past experience; [*we have no*] *reason to anticipate very much in the discovery of new remedies of any kind.*"[7] A popular "compedium of medical knowledge" published in the early 1800s claimed to take the place of formal training in a medical school.

After mastering the book's contents the reader would be qualified to be a practicing physician. The author, himself a physician, having transmitted the sum of significant medical knowledge, found it necessary to throw in short courses in beekeeping and blacksmithing to pad the book to salable size.

The patent medicine era flourished under the axiom *melius anceps remedium quam nullam*—"a doubtful remedy is better than none." Most advertising contained testimonials by people who had since died of the disease the drug was supposed to have cured. Since there were no government controls on drugs, even in the early 1900s Americans were at the mercy of an unscientific drug industry. "Until early in this [twentieth] century, any drug, no matter how worthless or outrageously adulterated, could be placed on the market; any statement, no matter how fantastic, could be made about it; and any ingredient, no matter how habit-forming or lethal, could be put in it with no mention made on the label. In 1906, the first Pure Food and Drug Act required that narcotics (but not poisons) be listed on labels, but even then, little was done to prevent the sale of such products."[8] The most successful ads often included the phrase "Secret Indian Remedy." Most tonics used alcohol or opium for their soothing effects.

Medicines tasted horrible, stung the throat, and gagged the patient. Many a patient was "cured" after one dose simply out of fear of being given a second. Occasionally, provided the patient had a strong constitution, he would survive a serious illness *and* the medication.

Because it was the era of the common man and because the spirit of Jacksonian democracy dominated Congress, the American Medical Association (organized in 1847) was powerless to regulate medical practice and medical education. Freedom prevailed. Anyone with an assortment of drugs or an interest in healing could practice medicine. At one time a man could get an M.D. degree in only six months.

## "Home Health Guides"

Many who did not have access to one of these six-month "physicians" purchased such home health guides as: *The Indian Doctor's Dispensatory*, (1813); *The Family Medicine-Chest Dispensatory*, (1835); and *The Family Medical Advisor*, (1845).

In the *Advisor,* Dr. J. Boyd instructed parents of a child suffering from croup: "Let the little patient be bled very freely at the commencement of the case. Then give to the child of three years old or upwards a teaspoonful of antimonial wine [made by dissolving a scruple of emetic tartar in a pint of sherry wine to make him vomit], and repeat it, if necessary, in half an hour."[9]

The 1835 *Family Medicine-Chest Dispensatory,* costing about $100, included drugs and instructions on how to use them. For example: prussic acid, "administered with advantage in consumption for allaying the cough"; asafoetida, "a medicine very serviceable in those hysterical affections to which delicate females are liable"; calomel, recommended as a cathartic, "children requiring larger doses in proportion than adults"; lunar caustic, "employed internally in epilepsy and externally for lotions"; ipecacuanha, to produce perspiration in colds, no medicine "more useful in the family than this"; laudanum, "for procuring sleep"; and nux vomica, "administered to excite the nervous system, especially in palsy." Tobacco was recommended for any lung problem, "the vapor to be produced by smoking a cigar. . . . The patient should frequently draw in the breath freely, so that the internal surface of the air vessels may be exposed to the action of the vapor."[10]

Medicines of the 1800s included: *Merchant's Gargling Oil, Hood's Sarsaparilla Cures, Kickapoo Indian Remedies, Dr. Fenner's Golden Relief, Morse Yellow Dock Root Syrup, Dr. Cooper's Scalp Food, Pozzoni's Complexion Powder, Mrs. Winslow's Soothing Syrup, Dr. Foote's Magnetic Ointment, Hamlin's Wizard Oil, Richardson's Liver Tonic, Dr. Ross's Kidney and Bladder*

*Cure, Dr. White's Chill Tonic, Kirk's Nerve and Bone Liniment, Eckels' Blood Tonic, Dr. Walter's Catarrh Snuff and Digestive Elixir, White Star Secret Liquor Cure, Green's Electric Oil, La Dore's Bust Food, Dr. Chase's Eye Water and Good Samaritan Liniment,* and *Dr. Killmer's Swamp Root.* The sick were advised to repeat any medicine about a week later to prevent a relapse.

Some products contained more alliteration than medication: *Dr. Pierce's Pleasant Pellets, Dr. Bowker's Birch Beer,* and *Dr. William's Pink Pills for Pale People. Professor Anderson's Dermadore,* "good for man or beast," treated everything from diphtheria, broken breast, rheumatism, sore throat, piles, and bee stings to horse distemper, cracked heels, ring bone, pole evil, wind galls, mange, and bad breath.

Among the imported drugs were *Greenough's Tincture for the Gums and Teeth, James's Fever Powder, Turlington's Balsam, Anodyne Necklaces,* and *Durham's Flower of Mustard.* Some claimed to cure over fifty different ailments, each of which was listed on the wrapper.

In 1900 Sears mail order house offered a savings of one-half in the filling of prescriptions *whether they were written by a physician or not.* "If you will send your doctor's prescription or any other prescription to us, you can rest assured it will be given professional care."[11] The Sears catalogue also advertised *Dr. Rose's Obesity Powders* "for fat folks." The powders were said to "reduce corpulency in a safe and agreeable manner."[12]

To sell their products, advertisers pandered to the psychological needs or the psychosomatic symptoms of the hypochondriac. An ad for *Dr. Wilden's Quick Cure for Indigestion and Dyspepsia—The Great Stomach Remedy*—urged, "Very likely you are suffering with Dyspepsia and Indigestion and do not know it."[13] *Dr. Hammond's Nerve and Brain Pills* were guaranteed ("No matter what the cause . . . or how severe your trouble") to cure those who "feel generally miserable or suffer with a thousand and one indescribable bad feelings," among them a "sense of goneness," and "a constant feeling of dread, as if something awful was going to happen."[14]

And *Dr. Worden's Female Pills* were guaranteed to cure "ALL FORMS OF FEMALE WEAKNESS," including "lack of ambition, . . . coldness of hands and feet, . . . dizziness, loss of memory, . . . ringing in the ears, . . . hysteria," "rickets, hip joint disease, [and] hunchback, . . ." One box would "furnish great relief." Six boxes would "cure ordinary cases." Twelve boxes were "guaranteed to cure any case."[15]

Sometimes the magic panaceas were mechanical devices rather than medications. The famous Heidelberg Alternating Current Belt was "to help in shucking the blues." And the Electric Ring for the treatment of rheumatism was accompanied by a warning against imitations.

## Medical Folklore

Those who did not have access to a home health guide resorted to folk remedies to cure everything from Saint Vitus's dance (a nervous disorder) to "brain fag."

*To treat an earache:* blow smoke of tobacco strongly into the affected ear.

*To treat a headache:* "set a dish or platter of tynne [tin] upon the bare head filled with water. Put an ounce or an ounce and one-half of molten lead therein while he hath it upon his head."

*To treat a skin itch:* apply water and soap with a corncob; follow with a lotion composed of lard and sulphur or gunpowder.

*For deafness or ringing in the ears:* take the juice of sowthistle and heat it with a little oil of bitter almonds in the shell of a pomegranate. Use as eardrops.

*To stop a nosebleed:* patient must chew a newspaper. Or hold a dime on the roof of the mouth with the tongue for a few minutes. Or wrap the little finger with thread.

*To cure baldness:* rub the head morning and evening, first with onions "till it is red" and then with honey.

*To treat a chill:* patient must take six middling pills of cobwebs—one before the first chill, two before the next, and three "if need be" before the third.

*To treat "raging madness":* set the patient with his head under a great waterfall for as long as his strength will bear.

*To cure rheumatism:* patient should carry three potatoes in his pants pockets. Or put a copper penny into his shoe. Or wear a brass ring. Or sleep with his feet against a cat (rheumatism will go into the cat).

*To prevent rheumatism:* do not discard water in which patient washed his feet at night until morning. Or, by all means throw out water in which the feet were washed. Or patient should carry a coffin nail. Or wear rattlesnake rattles in his hatband. Or carry an Indian turnip in his pocket.

*To treat worms:* patient should take a tablespoonful of molasses mixed with a teaspoonful of tin rust.

*For sore eyes:* mix a teaspoonful of lead and a teaspoonful of white vitriol (zinc sulfate) with two ounces of gunpowder in a quart of soft water. Patient should use as eyewash three times a day for one week.

*To treat whooping cough:* patient should put nine worms in a bottle and hide it. Or drink stolen milk. Or suspend from his neck a spider tied inside a thimble, or a wood louse in a bag, or a lock of hair taken from the head of someone who never saw his father.

*To cure the common cold:* mix together 1 teaspoon each of sugar, mineral oil, sulphur, and ginger; the juice of 1 lemon, and 2 ounces of 100-proof whiskey. Top off with boiling water to make an 8-ounce drink. Patient should drink concoction, then go to bed immediately. Rubber sheet on bed is good. Patient will sweat profusely. More than likely, remedy will cure the cold. Double the sulphur, patient will quit smoking. Double the mineral oil, patient will be afraid to cough.

## What Health Standards?

Today, scientific and governmental standards that regulate the practice of medicine and the promotion of public health are taken for granted. But in the 1800s the United States government, universities, and physicians did not agree on—much less enforce—any such standards. Few government or private programs in health education existed. Little was known of nutrition. At one period during this era, it was even illegal to sell fresh vegetables in New York, because some were considered poisonous. On one occasion in New England a Colonel Robert Johnson defied his physician and ate three tomatoes in public. Those who watched thought he was committing suicide.

One young man followed Horace Greeley's advice, "Go west, young man, go west." He remarked in a letter to his family, who still lived in the East, "Indigestion is all the fashion of the Great West." Little wonder, considering the fiery irritants routinely introduced into the stomach, especially in the spring. In December of 1899, J. N. Loughborough, remembering his childhood, reported in *Medical Missionary* (a Battle Creek, Michigan, journal), "If in the spring of the year we felt languor (really the result of consuming so much fat and flesh meats during the winter), we resorted to sharp pickles, horse-radish, mustard, pepper, and the like [mistakenly supposing that these would] . . . 'sharpen the appetite' and tone up the system."

In the mid-1800s, because night air generally was considered dangerous, the sick room was closed up tight and soon reeked of stale, germ-laden air.[16] Sunshine was shunned. Its antiseptic properties were largely unrecognized. Ruffles on women's dresses covered the backs of the hands and hid the neck and legs. The dresses swept the streets. And women carried parasols to protect themselves from the slightest exposure to the sun's "harmful" rays.

Women of fashion wore the cruelly tight "wasp waist," a style created by pulling the corset strings into a twenty-inch waist (or less). After having helped his wife into the corset, a husband could often encircle her waist with his hands. An autopsy of one woman revealed that her liver (the body's largest internal organ, normally plump), now dumbbell-shaped, had been nearly bisected by her corset. Some nineteenth-century dresses, including hoop skirts and undergarments, weighed as much as ninety pounds and thus hindered the circulation of the blood.

Men chewed tobacco, spitting constantly everywhere. Women's long dresses dragged the streets, through mud, across floors, absorbing and harboring multitudes of germs. Babies were imperiled as they clung to their mothers' skirts or crawled the germ-laden floors, popping things into their mouths as babies do. In 1975 the infant mortality rate in the United States was only one in sixty-three. But in 1875 nearly one in every six babies—almost 17 percent—died before reaching one year of age. In 1976 the average American lived to a ripe 72.4 years of age—about 68 for men and 76 for women. But in 1850 the average American died at 39.4 years of age.

The simple greeting How are you? was in that era considered a serious inquiry into the state of one's health. It was an era crying for reforms in health and medical practices.

## Health Reform

In the turbulent 1830s-1850s health-reform movements mushroomed. One reformer, Dr. Larkin B. Coles, advocated healthful dress; a proper diet, which he and many other reformers[17] felt should exclude animal flesh; regular hours for meals; and habits of thought that would promote mental and physical health. He opposed the use of tobacco and all narcotics.[18] He wrote that obedience to natural law was as important as obedience to moral law.[19] Others spoke against *all* drug medications, alcohol, tea, coffee; and they promoted proper habits of sleeping, dressing, exercise, self-control, and bathing.[20] Still others advocated more extreme reforms, such as the elimination of all salt from the diet.[21]

Although by the 1830s physicians in Paris and Vienna had shown the futility of bleeding and purging and were discontinuing the heavy use of drugs, and although some

American and European medical schools were rising a notch or more above the practice of folk medicine and quackery—and thus the practice of medicine was beginning to be considered respectable—yet American physicians did not widely accept the European medical reforms for several decades. Neither did most physicians welcome the views of the "health reformers." Therefore, through the 1830s-1850s, a fair segment of the American public, weary and wary of the old "proven remedies" of the physicians, listened eagerly to the voices of the reformers.

One popular reform was the "water cure." Numerous health institutions called "water cures" sprang up. The most prominent of these was established in 1858 in Dansville, New York, by one of the health reformers, James C. Jackson, a progressive physician. Instead of using drugs, Dr. Jackson prescribed water treatments (fomentations, hot and cold showers, etc.), dress reform, and such natural remedies as a plain, wholesome diet, simple exercises, an abundance of fresh air and sunlight, and adequate sleep. In 1868 he wrote that he had never prescribed drugs, not even as much as if a drug were diluted to 1 part per 7 million, dissolved in Lake Superior, and then water from the lake given to the patient.[22]

Emerging from this era, in 1863 a group of thirty-five hundred Sabbath-keeping Adventist Christians officially organized a Protestant denomination. (Earlier, in 1860, they had unofficially adopted the name "Seventh-day Adventists.") In 1866 the three-year-old church opened the doors of its first health-care institution, the Western Health Reform Institute, on the edge of Battle Creek, Michigan.

## A Distinctive, Rational Approach

The founders of the church wanted an institute that, unlike any then existing, *would combine all the best reforms*—an institute that would use the best simple, natural remedies and the best professional surgical and medical procedures of the day, rather than the era's poisonous drugs; an institute in which the spiritual well-being of the patient would be the object of as much concern as the physical well-being. In fact, they saw spiritual, mental, and physical health as vitally interdependent,[a] and they considered health care incomplete if the spiritual atmosphere of an institution did not contribute to the patient's health. (This lack had been evident to church leaders in their visits to other institutions.) They noted that Christ often combined His work of teaching and preaching with healing the sick. The institute was to be a place where His compassion for the suffering would be revealed, where His Spirit would bring peace and rest.

Besides rational *treatment* of disease, the institute also would emphasize *prevention*—teaching people how to avoid many illnesses by "re-forming" harmful health practices and obeying the laws of health. The institute later was to become eminently successful, not only as a hospital but also in its emphasis on disease prevention.

But who was to decide what combination of the wide variety of reforms current in the 1830s-1850s was best, and what was, after all, useless, or even harmful? (And how could they have known, in the last third of the nineteenth century, which reforms would stand the test of time and still be valid by the standards of modern medicine?) For guidance in the choice of what has proved to be a sound philosophy of health the founders followed the counsels of a young Battle Creek housewife, Ellen G. White. Though she had no medical training, it was she who had persuaded them to found the Western Health Reform Institute. They were persuaded because they believed she was a messenger of God.

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*Chapter Two*

# WHO WAS ELLEN G. WHITE?

One afternoon in 1836, as nine-year-old Ellen Harmon (later Ellen White), her twin sister, Elizabeth, and a third-grade classmate were walking home from school, a thirteen-year-old girl, irritated by some triviality, shouted a threat. The Harmon twins had been taught that if they were in any kind of danger, they should always hurry home. The young trio started running. Their pursuer picked up a rock and chased them.

Just as Ellen turned to see if the older girl was catching up, the rock struck Ellen in the face. It broke her nose and knocked her to the ground unconscious. She bled profusely. When she regained consciousness, she was helped to a nearby store. One kind gentleman offered to take her home in his carriage, but she refused, not realizing her weakness. Evidently the other adults in the store did not understand how seriously young Ellen had been injured or they would have insisted on taking her home. Instead, her sister and classmate carried her almost all the way home. For three weeks she lay in a state of semiconsciousness.

## A Learning Handicap

At the time of the accident, Ellen's father was away on business in Atlanta. When he returned two months later, he did not recognize his daughter because her face was so badly disfigured. While her family treated her with tender consideration, some of her playmates did not. She wrote later, "I was forced to learn the bitter lesson that our personal appearance often makes a difference in the treatment we receive from our companions."[1] Several months after her father's return Ellen tried to resume her schoolwork but was unable to concentrate. She could not breathe through her nose for more than two years. She tried studies again when she was twelve but still found them too great a strain. She said, "It seemed impossible for me to study and to retain what I learned. . . . My nervous system was prostrated, and my hand trembled so that I made but little progress in writing, and could get no farther than the simple copies in coarse hand [first level in penmanship]. . . . My teachers advised me to leave school. . . . It was the hardest struggle of my young life to . . . give up the hope of gaining an education."[2] Altogether, she received less than three years of formal schooling.

## A Remarkable Woman

She had said, "I could get no farther than the simple copies in coarse hand"; yet during her lifetime she wrote over one hundred thousand pages in longhand—twenty-five million words. She wrote more serious books—published in more languages, with wider distribution—than has any other woman in history. She wrote in areas in which she had no formal education and little experience.

In the field of education, several of her books—*Education; Counsels to Teachers, Parents, and Students; Fundamentals of Christian Education*—set forth guiding principles for the world's largest Protestant educational system (442,000 students in 1976). Educational authorities have declared the books containing her comprehensive philosophy of education to be "classics." Dr. Florence Stratemeyer (for years Professor of Education at Columbia University Teachers College), addressing an educators' conference in 1959, said, regarding Ellen White's book *Education* (1903): "Its concept of balanced education, harmonious development, and of thinking and acting on principle are advanced educational concepts."[3] Dr. Stratemeyer also said, "The objective of restoring in man the image of God, the teaching of parental responsibility, and the emphasis on self-control in the child are ideals the world desperately needs."[4]

In the field of nutrition and dietetics, Ellen White's writings are recognized today as scientifically correct by many noted nutritionists. The late Dr. Clive McCay, longtime professor of nutrition at Cornell University, wrote: "In spite of the fact that the works of Mrs. White were written long before the advent of modern scientific nutrition, no better over-all guide is available today."[5] Her counsels on health were written during the last half of the nineteenth and early twentieth centuries.

## Rational Methods of Therapy

At a time in the practice of medicine when patients were still being drugged to death, when modern nutrition was unknown, when sunshine and night air were feared, and when tobacco and other poisons were prescribed as medicines, Ellen White wrote volumes[a] recommending specific, simple, rational methods of therapy. She (and certain health reformers) spoke out strongly against tobacco. She called it "a poison of the most deceitful and malignant kind,"[6] in 1864, exactly one hundred years before the famous United States Surgeon General's Report, *Smoking and Health*. She said that poisonous drugs could cause birth defects,[7] a fact also confirmed by later scientific studies.

## Fulfilled Prophecies

In 1859 Ellen White predicted that a great effort would be made to free the slaves. Yet when the Civil War began in 1861, the preservation of the Union was the main consideration, not the liberation of slaves. Nevertheless, Lincoln's Emancipation Proclamation was issued two years later in 1863.

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[a] *The Ministry of Healing; Counsels on Health; Medical Ministry; The Sanctified Life; Temperance.*

She also predicted the outbreak of the Civil War. On Saturday, January 12, 1861, exactly three months before the first shell was fired on Fort Sumter, signaling the beginning of the Civil War, Ellen White was given a "vision" one day in Parkville, Michigan. While she was "in vision" she was observed by many. When the vision ended she declared, "There is not a person in this house who has ever dreamed of the trouble that is coming upon this land. . . . There will be a most terrible war." She said that the North and South would raise up large armies.[8] When President Lincoln called for 75,000 three-month militiamen at the beginning of the war, the North had no idea that before the war was over the Union side would reach twenty-two times that number—about 1,556,000—and the Confederate army, 800,000. Of these, the North lost 359,528 men—more than one in four (plus 275,175 wounded)—and the South lost 258,000—more than one in three (plus perhaps 225,000 wounded).[9]

Writing in 1890, she said that thousands of ships would go to the depths of the sea and that human lives would be sacrificed by the millions.[10] Ten million people perished in World War I, forty million in World War II. In 1902 she wrote, "San Francisco and Oakland are becoming as Sodom and Gomorrah, and the Lord will [punish] them. . . ."[11] Describing a vision she received on April 16, 1906, she wrote: ". . . there passed before me a most wonderful [astonishing, distressing] representation. During a vision of the night, I stood on an eminence, from which I could see houses shaken like a reed in the wind. Buildings, great and small, were falling to the ground. Pleasure resorts, theaters, hotels, and the homes of the wealthy were shaken and shattered. Many lives were blotted out of existence, and the air was filled with shrieks of the injured and the terrified."[12]

And the vision proved true. Two days later, Mrs.

White, traveling to speak at the Los Angeles Carr Street Seventh-day Adventist church, heard a newsboy crying, "San Francisco destroyed by an earthquake!"[13] With an aching heart, she read the details of her prophecy being fulfilled.

Today Seventh-day Adventists believe that the source of her writings, the source of her inspiration, was more than human; that the two thousand "visions" given her during her lifetime were the result of her having received the "gift of prophecy."[b]

## A Messenger of God

"To claim to be a prophetess," Ellen White wrote, "is something that I have never done. If others call me by that name, I have no controversy with them. But my work has covered so many lines that I cannot call myself other than a messenger, sent to bear a message from the Lord to His people, and to take up work in any line that He points out. . . . My commission *embraces the work of a prophet*, but it does not end there."[14] (Ellen White's letters and manuscripts are housed at the Ellen G. White Estate, Inc., Washington, D. C. All letters and manuscripts in *Legacy* are by Ellen G. White, unless otherwise noted.) Ellen White preferred that others call her simply "the Lord's messenger."[15]

Neither did John the Baptist call himself a prophet, but rather "the voice of one crying in the wilderness."[c] Yet Christ called him a prophet: "A prophet? Yea, I say unto you, and more than a prophet."[d]

She was shown that her work was to embrace "much more" than the word prophet signifies. "Much more" included giving messages "from the Lord to His people"; teaching "health reform"; being a "medical missionary worker," setting "an example to the church by taking the sick into [her] home and caring for them"; speaking "to large assemblies on temperance"; reproving the oppressor and pleading for justice; promoting the care of the aged; taking orphans into her home "and then finding homes for them" or caring for and educating them for service; traveling often; writing much; and taking up "work in any line that [the Lord points out]."[16] Although she never held a church office, she wrote, "I have a work of great responsibility to do—to impart by pen and voice the instruction given me, not alone to Seventh-day Adventists, but to the world."[17] Her textbook was the Bible, and she wrote, "As the Spirit of God has opened to my mind the great truths of His word, and the scenes of the past and the future, I have been bidden to make known to others that which has thus been revealed. . . ."[18]

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[b] Rev. 12:17; 19:10.

[c] John 1:23.

[d] Matt. 11:9.

Seventh-day Adventists do not claim her writings to be more important than Scripture. Rather, they believe that *Scripture is the sovereign rule of faith and practice,* the supreme source of doctrine, the standard by which her (and all other) writings are to be judged. They believe her writings are a light from Heaven *for this generation,* a light reflecting the timeless light of Scripture, which is written *for all generations.* She encouraged believers to pattern their lives after the life of Christ. Her main goal in life was the uplifting of humanity, bringing man closer to God, presenting Scripture principles in greater detail—principles which, accepted and practiced, would restore God's image in man.

## Ellen White, the Author

Adventists believe that God especially revealed His loving concern for mankind's comfort and happiness and longevity through the series of visions Ellen White was given on the subject of health. She wrote, "We have a duty to speak, to come out against intemperance of every kind—intemperance in working, in eating, in drinking, in drugging. . . . I saw that we should not be silent upon the subject of health, but should wake up minds to the subject."[19]

Mrs. White spent much of her life writing such counsel. Her messages could be called "love letters," because they beautifully reveal God's love to mankind. Her writings present Bible truths so simply, so clearly, that the more closely they are studied, the more one is drawn to a study of the Bible. Her books are so full of Bible quotations and references that the mind is continually directed toward the Holy Scriptures.[20]

Thirty-seven of Ellen White's books were published before her death. Another thirty-two books later were compiled from her published and unpublished writings. One of her most popular books, *Steps to Christ,* is a classic on how to become a Christian and to grow more Christlike. Over twenty million copies have been published in more than a hundred languages. *The Desire of Ages* is considered by Christians of many faiths to be the finest book ever written on the life of Christ. *Patriarchs and Prophets* is a fascinating history of the earth from Creation to the time of David. It includes a description of Creation and of the Flood, written with the detail of an eyewitness account. *Ministry of Healing* reveals Christ, the Great Physician, and shows how to live in harmony with His Divine laws—both the moral or spiritual and the physical laws governing health.

Perhaps her most unusual book is *The Great Controversy* (also published under the title *The Triumph of God's Love*). Beginning with the early Christian Church and continuing through the Middle Ages, the Reformation, the present, and on to the future, it describes in vivid detail the events to take place at the end of earth's history, particularly the Second Coming of Christ.

An interesting story is told about her book *Education,* published in 1903. Raja R. Radosavlyevich, the minister of education of a pre-World War I southeastern European country, a man with a master's degree and two doctorates (one in education), came to America for advanced study at Columbia University. He wanted to take back to his homeland the best information available on the subject of education. Eventually, in 1912, he published a book, in the language of his country, that was considered by many of his countrymen to be a masterpiece. Ironically, it was a word-for-word translation of Ellen White's book *Education*, except that two paragraphs from the last chapter were deleted and three small chapters about his own country were added. Although literary borrowing without giving credit to the source was a common and legal practice until 1890, it was unusual that this educated man had attached his name to Ellen White's book as author and had removed her name, especially when one considers that her formal schooling stopped at the age of nine.[21]

The counsels in Ellen White's books have inspired millions to surrender their lives to Christ. Often these counsels are quite specific. Some find this close application of Gospel principles to their personal lives uncomfortable. Others see in it their heavenly Father's loving concern that they experience the joy of reflecting His character in every detail. Her counsels transcend denominationalism, and readers of diverse persuasions acknowledge the beauty and spiritual power of her writings.

## Ellen White, the Speaker

The inspired counsels on health, recorded in her books, were vindicated in the experiences of those who read and practiced them. As their numbers grew, she became more in demand as a public speaker. It was on the subject of Christian temperance that she attracted some of the largest North American crowds ever recorded in the 1860s and 1870s. On one occasion she spoke to over twenty thousand people in Groveland, Massachusetts, without the assistance of a public-address system. *The American Biographical History* (1878) outlined her talent as a lecturer: "As a speaker, Mrs. White is one of the most successful of the few ladies who have become noteworthy as lecturers in this country, during the last twenty years. Constant use has so strengthened her vocal organs as to give her voice rare depth and power. . . . Her language, though simple, is always forcible and elegant. When inspired with her subject, she is often marvelously eloquent, holding the largest audiences spell-bound for hours without a sign of impatience or weariness.

". . . The subject matter of her discourses is always of a practical character, bearing chiefly on fireside duties, the religious education of children, temperance, and kindred topics. . . . She has frequently spoken to immense audiences, in large cities, on her favorite themes, and has always been received with great favor.

"Mrs. White is a woman of singularly well-balanced mental organization. Benevolence, spirituality, conscientiousness, and ideality are the predominating traits. Her personal qualities are such as to win for her the warmest friendships of all with whom she comes in contact, and to inspire them with the utmost confidence in her sincerity. . . . Notwithstanding her many years of public labor, she has retained all the simplicity and honesty which characterized her early life."[22]

## A Life of Service

Mrs. White was a woman of conviction, a thoughtful mother of four sons, a careful housewife, a friendly hostess, and a generous, helpful neighbor. She had no use for long-faced religion, even though photographs depict her and her contemporaries with serious expressions. She had a pleasant smile for all and a natural sense of humor. People felt at ease in her presence. The needy went to her for help, knowing that they would never be refused. She had the reputation of being a compassionate, humble, Christian woman.

For seventy years she was in the public eye. Her own life was as she said the Christian's life should be—honest, open, "as transparent as the sunlight." Born November 26, 1827, she died July 16, 1915, at the age of eighty-seven. Years later, friends and neighbors still remembered her as "the little old woman with white hair, who always spoke so lovingly of Jesus."[23] Of her it can be said that although she rests from her labors, her works do follow her.[e] Her unique ministry is believed by millions to be a fulfillment of Bible prophecy. It followed a great religious awakening which swept the world in the early 1800s.

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Chapter Three

# THE GREAT AWAKENING

During the early nineteenth century, diligent study of the Scriptures led to a worldwide religious awakening. At the same time, scientific research laid the foundation for a similar revolution in the practice of medicine. In both medicine and religion, men of determination and character questioned tradition, carefully considering old and new ideas. They dared to stand alone, even to endure ridicule for the new truths they discovered. From this reexamination of Scripture there grew an unprecedented interest in the Second Coming of Christ, which led in turn to the simultaneous development of "Second Advent" movements in many countries.

The Millerite movement was one of these. It flourished in North America during the 1830s, then died when its widely publicized date for Christ's return, October 22, 1844, passed and the morning of October 23 saw the sun rise as usual. But from this movement, seemingly discredited and lifeless, arose a new Protestant denomination. Its continued belief in the imminent Second Coming of Christ was based on an intense study of the prophecies of Scripture, and it was characterized by a unique life-style and philosophy of healthful living. To make man whole, physically, mentally, and spiritually, was the unusual threefold thrust of the little group who emerged from the Millerite movement, disappointed, but full of faith in the reliability of Scripture and its Author. They began to share a message of vitality and power which was destined to benefit the health and enlarge the spiritual vision of millions. The spiritual awakening of the nineteenth century, of which they were a part, grew not only from the spirit of individualism and personal investigation but also from certain timely and unprecedented events in the natural world.

## Signs of the Second Advent

In the 1830s and early 1840s God's Spirit kindled in the hearts of Christian ministers and laymen of many faiths an interest in Christ's return. As they carefully studied various prophecies of Scripture and observed in the events of history how each had been fulfilled on schedule, they became convinced that the final event in God's prophetic timetable—the Second Coming of Christ—would also take place on schedule. They saw that Scripture focused on and culminated in Christ's return. They saw that the Scriptures prophesied in detail the events that were to precede Christ's Second Advent. They discovered that most of these events or conditions that were prophesied to be "signs" that His Coming was "near, even at the doors," had—after a seventeen-hundred-year wait—been fulfilled within the past century! They saw these signs were given to focus man's attention on the nearness of Christ's return, to waken him to prepare to meet his Creator.

Through the prophet Joel, God had said, "The *sun* shall be turned into darkness, and the *moon* into blood, before the great and terrible day of the Lord come."[a] And during His First Advent, Christ added certain details: "Immediately after the tribulation of those days shall the *sun* be darkened and the *moon* shall not give her light, and the *stars* shall fall from heaven, and the powers of the heavens shall be shaken."[b] John the Revelator added more: ". . . and, lo, there was a *great earthquake*; and the *sun* became black as sackcloth of hair, and the *moon* became as blood; and the *stars* of heaven fell unto th earth, even as a fig tree casteth her untimely figs, whe she is shaken of a mighty wind."[c]

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[a] Joel 2:31.

[b] Matt. 24:29.

In these three prophecies three notable signs heralde the Second Advent: a great earthquake, followed by a darkening of the sun and moon, followed by a falling o the stars. Those predictions were fulfilled, *in precisely th order predicted.*

The *Lisbon earthquake,* November 1, 1755, was one o the most severe and widespread (4 million square miles) ever recorded. It was felt in Africa, continental Europe, Great Britain, Greenland, America, and the West Indies.

The great *Dark Day,* May 19, 1780, was a dense darkness, beginning between 10:00 and 11:00 a.m., lasting for fifteen hours. A standard reference work published in 1881 said that it was "the most mysterious and as yet unexplained phenomenon of its kind, in nature's diversified range of events, during the last century, . . . a most unaccountable darkening of the whole visible heavens and atmosphere in New England. . . ."[1] "It was observed at the most easterly regions of New England; westward, to the furthest parts of Connecticut, and at Albany; to the southward, it was observed all along the sea coasts; and to the north, as far as the American settlements extended. It probably far exceeded these boundaries, but the exact limits were never positively known."[2] Birds returned to their nests and cattle returned to their stalls. The Connecticut legislature almost adjourned, the terrified members thinking that the day of judgment had come.[3] That night, as prophesied, the moon was blood red.

The *"falling of the stars,"* November 13, 1833, was a meteoric shower so thick, so extensive, so long-lasting, that thousands feared the planet was doomed, *"the whole firmament, over all the United States, being then, for* [*eight*] *hours in fiery commotion!"*[4] ". . . an incessant play of dazzlingly brilliant luminosities was kept up in the whole heavens. Some of these were of great magnitude and most peculiar form . . . the first appearance was that of fire-

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c. Rev. 6:12,13. (Italics added.)

works of the most imposing grandeur, covering the entire vault of heaven with myriads of fire-balls resembling sky-rockets. On more attentive inspection, it was seen that the meteors exhibited three distinct varieties, as follows, described by Dr. Olmsted:[5] [of Yale College, Massachusetts, who was known as "America's greatest meteorologist"[6]] "First, those consisting of phosphoric lines, . . . the most numerous, everywhere filling the atmosphere, and resembling a shower of fiery snow driven with inconceivable velocity . . . transfixing the beholder with wondering awe.

"Second, those consisting of large fire-balls. . . . This kind appeared more like falling stars, giving to many persons the very natural impression that the stars were actually falling from the sky. . . .

"Third, those undefined luminous bodies which remained nearly stationary in the heavens for a considerable period of time; these were of various size and form."[7]

"One, of large size, remained for some time almost stationary in the zenith, over the Falls of Niagara, emitting streams of light which radiated in all directions . . . no spectacle so terribly grand and sublime was ever before beheld by man as that of *the firmament descending in fiery torrents over the dark and roaring cataract!*"[8] W. J. Fisher, writing in *The Telescope,* October 1934, said the phenomenon was "the most magnificent meteor shower on record."

On a typical night, when there is no meteor shower, the average observer will see only ten "falling stars" per hour. But on that night the same observer could have seen sixty thousand per hour.[9] "Arago computes that not less than *two hundred and forty thousand meteors were at the same time visible above the horizon of Boston!*"[10] That night more than a billion shooting stars appeared over the United States and Canada alone.[11]

## A More Impressive Sign

The signs[12] in the heavens and the earth warned man to prepare for the Second Advent. But there was an even more impressive sign of the approaching Advent. Suddenly in the 1830s thousands of preachers and laymen throughout the world began to teach the nearness of the event.

Some of the most prominent of these men were Manuel de Lacunza of Chile; Edward Irving of England and Scotland; Louis Gaussen of Switzerland; and Brugel and Leonard Kelber, Joseph Wolff, and John Albert Bengel of Germany. The Advent movement also spread from Europe to Russia. Joseph Wolff, at frequent personal peril, spread the Advent message in Asia and Africa. He even spoke before the United States Congress and various state congresses and in a number of U. S. cities. He found isolated Christians who through their own study had concluded that Christ would return between 1840 and 1844.

A dream led Hentzepeter, keeper of the Royal Holland Museum and one of the country's most able ministers, to study the Second Advent and in 1830 to publish a tract on the subject. Eleven years later he printed a larger tract warning of the end of the world. These men and thousands of others carried the Advent message to their countrymen.

In Sweden the law allowed only priests of the state church to preach. So, in many parts of Sweden and some parts of Norway, children were the leaders of the Advent movement. They were moved by God's Spirit to explain the prophecies which they themselves were often too young to understand—prophecies regarding the soon-coming Saviour. People traveled long distances to hear God's tiny spokesmen, many of whom could not yet read or write, call their listeners to repentance and reformation. It was a work of Providence.

In 1896 a man who had preached the Advent message in Sweden when he was a small boy remarked, "Preached! Yes, I had to preach. I had no devising in the matter. A power came upon me, and I uttered what I was compelled by that power to utter."[13]

Two thousand years ago, children, compelled by the Spirit of God, waved palm branches in the temple courts and proclaimed Christ as the promised Son of David. During Christ's triumphal entry into Jerusalem and into its temple, the children continued to praise Him after the adults, fearing the priests and rulers, grew silent. When the jealous Pharisees demanded that Christ silence the children, He answered that their praise was in fulfillment of prophecy.[d] And just as God used children to proclaim Christ during the First Advent, did He also use them to proclaim the message of the Second Advent?

The nineteenth-century child-preacher phenomenon was reported as first occurring at the parish church of Hjelmseryd, Sweden. There, in December 1841, four young peasant girls announced that the end of the world was approaching and that all must repent and prepare to meet God. Almost simultaneously, a large number of "prophetesses of ten to twelve years of age" appeared in adjoining parishes.[14] And in the village of Hornborga, six boys from eight to eighteen years of age were led to give the same message of warning. Reports of these child preachers permeated the Swedish press for several years.[15]

The children were sometimes called "repentance criers." Some said that thev were afflicted by the disease of "preaching sickness," and authorities tried to isolate the children lest the "disease" be "contagious and the epidemic spread to other children." Some were punished severely. Those affected seemed to be normal except when moved by an unseen power to call for repentance. Thousands thronged to hear their stirring messages. On February 6 and 7, 1842, one peasant girl preacher was visited by three to four thousand people.[16]

Many who listened to these messages were prompted to denounce sin. Within two weeks of hearing the call for repentance, seventy distillers closed their businesses.[17]

In 1843 Dr. Sven Erik Sköldberg (government medical officer for the province of Jönköping from 1834 to 1864 and later medical director of the famous Serafimer Hospital in Stockholm) published a scientific report on the phenomenon. According to Dr. Sköldberg, the children "opposed all immoral life, drunkenness, dancing, and all kinds of vices, and asked people to judge themselves in the light of the Ten Commandments. The voices claimed that they were not preachers, but that they were sent by the Lord to call people to repentance, and that *no one, not even the angels, knows the exact time of the day of judgment. . . .*

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[d] Matt. 21:8-16.

"The calls to repentance which I heard were so pure that no one, . . . Bible in hand, could criticize them, much less say they were heresy."[18]

One of the evidences that a person is under the special control of the Spirit of God and is being used as His spokesman is that on *some* occasions he *may* not breathe. The Bible prophet Daniel did not breathe when he was "in vision."[e] Nor did these child preachers breathe when they preached, according to Dr. Sköldberg's observations, though he could scarcely believe what he saw. He said, "Breath cannot be observed, although they doubtless must breathe." He challenged the greatest theologians and doctors to explain the phenomenon by natural means; he himself had originally "had a prejudice, an abhorrence for all these voices and considered them heretical and fanatical spirits. . . ." But he was finally "convinced that not a single word . . . is dependent on their own choosing—for then the message gushes from their breast like a bubbling spring —I repent of all my harsh opinions and stand in amazement. . . ."[19]

The great earthquake of 1755, the darkening of the sun and moon in 1780, the shower of falling stars in 1833, and the worldwide preaching of the Second Advent, all in the brief period of eighty-five years, produced a religious awakening that moved hundreds of thousands of men and women around the world. Many trembled, searched the Scriptures, and abandoned their ungodly ways to follow Christ.

In Europe this interdenominational awakening was primarily among ministers and biblical scholars from the learned clergy of the major Protestant denominations. By 1844 seven hundred ministers of the Church of England, as well as the ministers of twenty other leading nations, were preaching the Advent message.

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[e] Dan. 10:8, 17.

## The North American Advent Movement

In the United States this awakening included not only ministers but at least fifty thousand lay persons. Here the dominant figure preaching the Advent was a Baptist layman (in 1833 a licensed minister) named William Miller. At the age of thirty-four, and for the next six years (1816 to 1822), Miller devoted his full time to Bible study. Avoiding Bible commentaries and, as far as possible, all preconceived ideas, he began a thorough investigation of Bible teachings, using only the Bible, its marginal references, and *Cruden's Concordance*. The longer he studied, the more confidence he had in the Bible. He also found himself farther from some of the popular theology of his day. He reached the conclusion that Christ would return soon. For the next nine years, Miller in private conversations and letters, told of his expectations.

By August 1831, when he was nearly fifty years old, Miller became convicted that he must help warn the world. "I can't go, Lord," he said. "I'm too old. And I'm not a preacher." But the conviction persisted. One day, to soothe his conscience, he made a promise that he would share his discoveries if he received an invitation to do so. Within a half hour his nephew, Irving Guilford, invited him to speak at the Dresden Baptist Church in the pastor's absence.

After Miller's first sermon, his listeners insisted that he continue his studies with them through the week. When he returned home he found an invitation to speak in Poultney, Vermont, a few miles away. By invitation, sermons followed by the hundreds throughout New England, eastern Canada, as far west as Ohio, and south to Maryland. In 1834 he devoted his life to preaching, and during the next nine years he preached four thousand sermons in five hundred cities and towns and had twice as many speaking invitations as he could meet.

Until 1840 Miller was almost a lone voice in proclaiming the Advent message in North America. But then three hundred Protestant ministers joined him and traveled the country lecturing on Bible prophecy and the end of the world. By the spring of 1844, one of these ministers had delivered more than three thousand Advent lectures. Because of Miller's leadership, his fellow ministers and the fifty thousand laymen who accepted the Advent message became known as "Millerites." As a loose-knit, interchurch movement, they believed Christ's Second Advent would be a literal and personal return. However, unlike most Protestants of the time, they believed that the Second Advent was *imminent* and that mankind dare not put off till some distant century the revival and reformation necessary to meet Christ.

With this fervent message bringing revival wherever it was heard, the Millerite preachers were at first welcomed into the pulpits of the Protestant churches of America. And many, after all, held credentials as ministers in their respective Protestant denominations. However, their concepts of the Second Coming of Christ and the end of the world were not in harmony with the beliefs of their former associates. Soon tensions arose, and by mid-1844 many of the Millerites had been disfellowshipped from their churches.

## "The Great Disappointment"

In Miller's careful study of the "time" prophecies in Daniel and Revelation and of related Scriptures—focusing on Daniel 8:14—he discovered a prophetic time period. This period spanned 2300 prophetic "days" (literally, years).[f] It began in 457 B.C.[20] and it was to terminate 2300 years later in a great event, *the cleansing of the*

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f. Num. 14:34; Eze. 4:6.

*sanctuary*.[g] Miller believed the prophetic period would end "sometime between March 21st, 1843, and March 21st, 1844"[21] (the year 1843 in the Jewish calendar). Additional Scriptures which were brought to his attention convinced him (in early October of 1844) that this cleansing of the sanctuary would take place on October 22, 1844[22]—the annual holy day on which the ancient Jewish sanctuary had been cleansed, Yom Kippur, the Day of Atonement. But the event on October 22, 1844, could not be the cleansing of the Jewish sanctuary/temple: It had been destroyed by the Romans in 70 A.D. However, instead of then studying the Scriptures to see what the "cleansing" would be and what the "sanctuary" was, Miller assumed (as did his contemporaries) that God's "sanctuary" in the Christian era was this *earth*.[23]

When Christ did not come on October 22, many unbelievers ridiculed Millerism and its preaching of the prophecies of Christ's soon return and declared the movement to be false. After the Great Disappointment of October 22, Millerism began to fragment. While some believers picked a new date for the Second Advent, others, overwhelmed by ridicule, abandoned their belief in the Advent altogether. Still others were caught up in various new movements.

Another group decided to restudy intensively the prophecies—and all Scriptures—to see if they could discover why Christ had not returned as expected. They reexamined the Scriptures which pointed to October 22, 1844, as the date for "the cleansing of the sanctuary." They too had accepted the popular opinion that the earth was God's sanctuary and had assumed that this "cleansing" must refer to Christ's return to cleanse the earth by fire on the Day of Judgment. Their restudy of all the Scriptures related to the chronology of the text assured them of the correctness of the *date*. However, in examining Scriptures relating to the words "sanctuary" and

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[g] Dan. 8:14.

"cleansing," they discovered an exciting relationship between the *sanctuary or tabernacle on earth* described in the Old Testament Books, Exodus and Leviticus, and a *"heavenly" sanctuary* described in the New Testament book Hebrews.

The group restudying the prophecies saw in Hebrews 8 and 9 (especially Hebrews 9:23) that the cleansing of the earthly sanctuary by the Jewish priests of ancient times (Leviticus, chapter 16) pointed forward to and symbolized the work of Christ as man's High Priest in the sanctuary in heaven, and that He began a special phase of His work in 1844, preparatory to His return to earth.[h]

Thus they became even more firmly persuaded that the Bible must be permitted to be its own expositor, that every related Scripture must be allowed to add its interpretation to the verse being studied. They concluded that every assumption, every belief, must be tested against Scripture and laid aside if it did not measure up.

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2. *Ibid.,* p. 90.
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4. *Ibid.,* p. 329.
5. *Ibid.,* p. 330.
6. *The Great Second Advent Movement,* p. 96.
7. *Our First Century,* pp. 330-31.
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9. *The Telescope,* May-June 1940.
10. *Our First Century,* p. 330.
11. *The Telescope,* May-June 1940.
12. Various interesting and detailed accounts of the Lisbon earthquake, the Dark Day, and "the falling of the stars" are recorded in standard nineteenth- and twentieth-century reference works.
13. *The Great Second Advent Movement,* p. 140.

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[h] The Scriptures about the heavenly sanctuary and Christ's special work are presented in depth in *The Triumph of God's Love* by Ellen White, pages 177-290.

14. *Aftonbladet* (Stockholm), February 23, 1842.

15. *Ibid*.. December 16, 1842.

16. *Wexiö-Bladet*, March 4, 1842.

17. *Svenskt Biografiskt Lexikon*, Ny Följd, 10 bd., p. 32.

18. *Ibid*.. S. 30-31 (Italics added.)

19. *Ibid*., S. 27-31, 36. These reports of the Scandinavian child-preachers are noted and translated by LeRoy E. Froom in *The Prophetic Faith of Our Fathers*, vol. 3, pp. 671-86.

20. *The Prophetic Faith of Our Fathers*, vol. 4, pp. 784-826.

21. *Ibid*., p. 794. See also vol. 2, pp. 196-99; vol. 4, pp. 784-826. See particularly p. 797, footnote 25, regarding the calendar of the Karaite Jews, the calendar based on the literal requirements of the Mosaic Law.

22. *Ibid*., vol. 4, pp. 810-14; 819-20.

23. *The Great Controversy*, p. 409.

*Chapter Four*

# BIRTH OF A CHURCH

As this group of Millerites (including Joseph Bates, one of the few Millerite leaders among them) reevaluated their position on the cleansing of the sanctuary, they began to understand the Scripture's teaching on the sanctuary. They saw that the sanctuary and its worship services foretold the Gospel—that it was given to ancient Israel to teach them, in symbol and ritual, about Christ, the sacrificial lamb and man's High Priest-Intercessor. Twice, when some group members were on the verge of accepting a new date for Christ's return, they were persuaded to turn their minds from such speculating and to learn, instead, their present duty by consulting the Word of God.

However, the other (and much larger) groups of Millerites continued to set additional dates—only to be more disappointed and disillusioned as each date passed and Christ did not return. Ultimately these groups dispersed. Thus, the little group that had been studying the Scriptures explaining the sanctuary was called by one author "a little ragtag end of a raveled-out movement." Nevertheless, the new little group grew and in time built many publishing houses and medical institutions, a worldwide mission network, and a large educational system. Why did it survive—and thrive? Part of the answer must be traced back to 1844.

## The Experience of a Teenager

About two months after the Great Disappointment of 1844, Ellen Harmon, then a teenager, told a small group of Millerites in Portland, Maine, that God had given her a vision. The group had no reason to question her upright personal life. On the other hand, Miller had cautioned against fanatics and had warned particularly against people who claimed to have received visions. Indeed, the Millerites attending the Boston Advent Conference on May 29, 1843, had taken an action stating: "We have no confidence whatever in any visions, dreams, or private revelations."[1] Likewise, this remnant of the Millerite movement was ready to doubt anyone who made such claims. Yet now the claim was made by one of their own.

Ever since her accident when she was nine, Ellen had been shy and frail. But that day she told the Portland group that God had given her guidance, not only for herself, but also for them and for others. She felt such a burden to share the message given in the Portland vision that she began to travel and to speak to other groups. Wherever she went people asked, "Could it be that she has the 'Spirit of Prophecy'?" (See Appendixes B, C, and D.)

## Captain Bates, a "Doubting Thomas"

Among those who listened to Ellen from 1844 to 1846 was a long-time sea captain and Millerite leader, Joseph Bates. Once a hard-bitten skeptic, though now a sincere Christian, he was wary of anything that seemed fanatical. Few expected him to accept her message as one from God. However, he did record his early impressions of her. Relating his experience, which is typical of that of others, he wrote in 1847:

"It is now about two years since I first saw the author [Ellen Harmon White], and heard her relate the substance of her visions as she has since published them in Portland (April 6, 1846). Although I could see nothing in them that militated against the [W]ord, yet I felt alarmed and tried [distressed] exceedingly, and for a long time [was] unwilling to believe that it was any thing more than what was produced by a protracted debilitated state of her body. . . .

"I have seen her in vision a number of times, . . . and those who were present during some of these exciting scenes know well with what interest and intensity I listened to every word, and watched every move to detect deception, or mesmeric [hypnotic] influence. And I thank God for the opportunity I have had with others to witness these things. I can now confidently speak for myself. I believe the work is of God, and is given to comfort and strengthen his 'scattered,' 'torn' . . . 'people,' since . . . October, 1844. . . . I believe her to be a self-sacrificing, honest, willing child of God. . . ."[2]

So, Bates, after two years of observing Mrs. White, was convinced that she truly was a messenger of God sent to guide, counsel, teach, and point men to the Word.

## The Gift of Prophecy

Many, like Bates, were slow to accept Mrs. White as having the gift of prophecy. But deep conviction took hold of those who witnessed her visions and listened to and practiced her counsels and, in time, this Sabbath-keeping, post-Millerite group recognized in Ellen White the restored gift of prophecy, a fulfillment of Joel 2:28-29: ". . . and your daughters shall prophesy. . . ." They saw that this gift did not lead Ellen White to teach new, strange doctrines; that it was not a new revelation to replace the Holy Scriptures, but rather that it encouraged study of and obedience to every word of God.

As the Sabbath-keeping Adventists studied the prophetic book of Revelation, they found a text that speaks symbolically of Satan's anger against Christ's followers at the end of time. "The dragon [Satan; Rev. 12:4, 9], was wroth [furious] with the woman [the Christian Church, Christ's followers down through the ages; 2 Cor. 11:2], and went to make war with the *remnant* of her seed [the "remnant" or "last part" of Christ's followers before His Return], which *keep the commandments of God and have the testimony of Jesus Christ.*"[a] Noting that John was speaking of God's faithful people at the end of time, they observed that this remnant "keep the commandments of God." They reasoned that the phrase about commandment-keeping would be meaningless if it was not meant to *identify* this remnant. They concluded that God meant to restore to His Church in the last days of earth's history the keeping of all ten of His commandments—including the fourth: "Remember the sabbath day to keep it holy. . . . the seventh day is the sabbath of the Lord thy God. . . ."[b]

They had also observed in Revelation 12:17 that this remnant would "have the testimony of Jesus Christ," defined in Revelation 19:10 (King James Version) as "the spirit of prophecy." Thus they believed that God would renew in the church just before Christ's Second Advent not only His Sabbath but also the gift of prophecy. In addition to the prophets who wrote the Old and New Testaments, Scripture mentions some sixty other prophets of God—both men and women: Both groups of prophets were filled with the "spirit of prophecy"; they were inspired by "the Spirit of Christ"[c] to convey to their fellowmen "the testimony of Jesus."

One by one the Sabbath-keeping Adventists were satisfied that this prophetic gift had been given to Ellen White. They referred to the counsels given through her as "the spirit of prophecy."

## A Timely Warning

Some of the Millerites soothed their disappointment by setting a new date, claiming to have made a slight error in calculation. The new date was October 1845.

James White was among those anticipating the new October Advent. But because of a vision Ellen received in Carver, Massachusetts, before that date, James turned his mind completely from all time setting. (James White was one of the leaders in what became, sixteen years later, the Seventh-day Adventist church.) The vision was one of the first of many that were to guide the new group and protect its members from such detours away from Scripture.

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[a] Rev. 12:17. (Italics added.)

[b] Exod. 20:8-11.

[c] I Pet. 1:11.

In 1850 Joseph Bates privately published a pamphlet promoting October 1851 as the new date for Christ's Coming. On June 21, 1851, four months before the anticipated event, Ellen had another vision which compelled her to write: "Dear Brethren: The Lord has shown me that . . . *time never will be a test again.* I saw that some were getting false excitement arising from preaching time; . . . I saw that some were making . . . their calculations in reference to that time. I saw that this was wrong, for this reason: Instead of going to God daily to know their PRESENT duty, they look ahead, and make their calculations as though they knew the work [of God on earth] would end this fall. . . ."[3]

Mrs. White's unqualified messages protected the Sabbath-keeping Adventists from the danger of being trapped into making further predictions about the time when Christ would return. Her counsel influenced them to heed the Scripture, "No man knoweth the day nor the hour." Bates and his followers dropped their time-setting quickly and quietly, and never again did the Sabbath-keeping Adventists set a date for Christ's return. (She herself said in later years that many of the explicit, specific counsels given through her would have been unnecessary if the general principles of the Scriptures were always believed and obeyed as they should be.)

## The Church Threatened

Today the Seventh-day Adventist church is highly organized and carefully integrated in each phase of its work. Its plans and objectives are well defined and vigorously pursued. But such was not always so.

From 1844 to 1860 the Sabbath-keeping Adventists had no formal organization. There was little coordination or church government and not even a church name. The first Sabbath-keeping Adventists actually feared church organization because most of them had been disfellowshipped by denominations which they believed exalted creed or tradition above Scripture.

After the Millerite ministers had been disfellowshipped from their various churches in early 1844 for accepting the literal, personal Coming of Christ, they referred to those churches as "Babylon"—sources of unscriptural teachings and traditions and thus sources of "confusion," the literal meaning of the word Babylon (Rev. 18:1-4). They called for those who believed in the Advent of Christ to "come out" of spiritual "confusion" and to stand on "the Bible and the Bible only" as their source of faith, doctrine, and practice.

For this loosely knit group to *organize* was to many of them a *return* to Babylon. Their feelings were so strong that many were against adopting even a formal name. Until the 1860s, the lack of church organization presented serious problems. People with strongly differing ideas on how the work of the Gospel should be carried forward caused friction that threatened to divide the various local groups of believers. The record published in the *Review and Herald* shows that Mrs. White *differed* with most of her contemporary fellow believers on church order and organization, a difference of opinion which often caused her "anguish of spirit." In 1853 she said, "The Lord has shown that gospel order has been too much feared and neglected."[4]

Finally heeding her counsels on the need for organization, in 1860 they adopted the name "Seventh-day Adventist." By 1861 there was enough support to organize churches and to create the Michigan Conference. Two years later, the General Conference of Seventh-day Adventists was created to coordinate the work of the growing church around the world. The members regarded themselves not so much as members of a denomination but as members of the "remnant" (Rev. 12:17), the "latter-day" continuation of the Church since the time of Christ, the historic movement composed of all those who have believed that the Word of God is the final authority, that Christ must control the life, and that Scripture must be allowed to *interpret itself* if the Gospel is to remain pure, clear, able to change hearts.

## Publishing Work Launched

In November 1848, a small group of Sabbath-keepers, including James and Ellen White and Joseph Bates, held a meeting in Dorchester, Massachusetts, at the home of Otis Nichols. During the meeting Mrs. White was given a vision. Afterward, she said to her husband: "I have a message for you. You must begin to print a little paper and send it out to the people. Let it be small at first; but as the people read, they will send you means with which to print, and it will be a success from the first. From this small beginning it was shown to me to be like streams of light that went clear round the world."[5] She knew of many well-written papers published between 1840 and 1844, each of which failed within a short time: *The Midnight Cry, The Glad Tidings, The Advent Chronicle, The Jubilee Trumpet, The Philadelphia Alarm, The Voice of Elijah, The Western Midnight Cry, The True Midnight Cry.* There was the risk of exposing herself and her husband to the embarrassment of failure. Yet, over a decade before the Seventh-day Adventist church was formally named (1860) and organized (1863), she counseled that a worldwide publishing work be established.

In July 1849, James White published 1,000 copies of *Present Truth,* an eight-page paper. This first issue was so small it was carried to the post office in a traveling bag. Additional issues appeared for about a year, when the paper was renamed the *Advent Review and Sabbath Herald,* eventually becoming the official monthly forum for church news and views. In 1863, the new church published three thousand dollars' worth of Gospel literature. In 1976, fifty

Seventh-day Adventist publishing houses in forty-seven countries sold ninety million dollars' worth of publications in 199 languages. In all, well over seven hundred and fifty million dollars' worth of literature has been published since 1863. Seventh-day Adventists consider the publishing work one of the church's greatest sources of strength and another evidence of the inspired character of the vision Ellen White received in 1848.

Thus, through Ellen White's guidance, the young Seventh-day Adventist church was encouraged to build on the Bible and to let it be its own interpreter. Through her counsels the church also escaped the disappointments of time setting, became formally organized, and began a successful publishing work. And it was also through her counsels that the church began to take an interest in health.

## Visions on Healthful Living

During the early years of the Seventh-day Adventist church, its leaders often suffered from various common and sometimes severe physical ills. On Friday evening, June 5, 1863, just two weeks after the church was officially organized, the Whites met in the farmhouse home of Aaron Hilliard in Otsego, Michigan, to welcome the Sabbath in prayer with fellow believers. As Mrs. White prayed, particularly for her husband's health, she went into vision. In the vision, broad principles of healthful living were shown her, which she was instructed to present to the Seventh-day Adventist church as a divinely inspired message.

In 1864 Mrs. White wrote and published a 31-page chapter on the instructions for healthful living that were given to her in that June 1863 vision (see *Spiritual Gifts,* vol. 4, pp. 120-51). Afterward, she read works by Larkin B. Coles, Dio Lewis, and other health reformers of her day: "I then searched the various works on hygiene and was surprised to find them so nearly in harmony with what the Lord had revealed to me. And to show this harmony, and to set before my brethren and sisters the subject as brought out by able writers, I determined to publish 'How to Live' [1865], in which I largely extracted from the works referred to."[6] ("The works of Doctors R. T. Trall, J. C. Jackson, Dio Lewis, and others; Sylvester Graham's *Lectures on the Science of Human Life;* and Cole's *Philosophy of Health* were carried in stock by the *Review and Herald* office."[7])

On Christmas Day, 1865, during a vision in Rochester, New York, she received additional information on the subject of health. She was also instructed that Adventists should have their own institution in which to teach and practice these health principles. Although she had received divine instruction on healthful living as early as 1848, it was chiefly these two visions (1863 and 1865) and others that followed that have shaped the health teachings and medical work of the Adventist church and the health practices of its members.

In 1866 Elder J. H. Waggoner, a coworker of the Whites and editor of *Signs of the Times,* said, "We do not profess to be pioneers in the general principles of the health reform. The facts on which this [health reform] movement is based have been elaborated, in a great measure, by reformers, physicians, and writers on physiology and hygiene, and so may be found scattered through the land. But we do claim that by the method of God's choice it has been more clearly and powerfully unfolded, and is thereby producing an effect which we could not have looked for from any other means."[8]

Mrs. White spoke and wrote with zeal and clarity as she promoted natural remedies and other principles of healthful living. Her contributions to healthful living stand in contrast to the medical practices of her day, which were sometimes amusing and often deadly. By the 1830s, reformers, including a few physicians, began speaking out, each with his or her own ideas about diet, dress, and the practice of medicine.

Sometimes Mrs. White opposed the ideas of mainstream nineteenth-century medicine, siding instead with certain "health reformers" who were considered "quacks" by the "professionals." On other points, she sided with the physicians. For example, she did not agree with those who taught that "salt is a mineral poison"; "sugar is not a food"; "Milk should be used by infants only";[9] diphtheria "is not a contagious, nor an infectious disease. . . ."[10]

At times the principles presented to her in vision contradicted her own beliefs and practices. She wrote, "I was astonished at the things shown me in vision. Many things came directly across my own ideas."[11] Throughout the years, as she received instructions from the Lord regarding health, she reported what she was told, whether she agreed with and understood it or not. As she said in 1901, "The whys and wherefores of this I know not, but I give you the instruction as it is given me."[12] Evidently she was *led through* the maze of then-current viewpoints, for she promoted by pen and voice those health principles which have shown themselves adaptable to varied cultures and generations, principles which—unlike many nineteenth-century health-reform notions or medical nostrums—have stood the test of time and the scrutiny of modern science.

"What the Lord had revealed" to her in the 1863 vision and in many later visions on health was a broad philosophy of healthful living and many specific practical instructions. Taking these visions as her guide, she synthesized her own writings, here and there, with the best writings of both the "orthodox" physicians of her time and of the non-medically-trained reformers and healers. This unique synthesis stressed five principles of healthful living:

1. *Balanced Diet.* During her day, nutritional research had not yet revealed the benefits of a balanced diet in relation to health or recovery from sickness. Yet she wrote *Counsels on Diet and Foods,* a volume that still offers up-to-date and accurate guidance on how to adopt a balanced, economical diet.

2. *Other Natural Remedies.* She emphasized natural remedies, such as hydrotherapy; the adequate use of pure drinking water, fresh air, sunlight, rest, exercise; ab-

stinence from anything harmful (such as tobacco); moderation in that which is good; and trust in God.

3. *Preventive Medicine.* She wrote that a healthful lifestyle could help prevent much disease. In addition to providing medical treatment for the sick and teaching people how to recover their health, Adventist health-care institutions were to teach people how to prevent illness and preserve health. She emphasized that the body is the temple of God and based her conviction on 1 Corinthians 6:19-20: "What? Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's." Seeking, preserving, and promoting health is a way the Christian can express his faith and love toward God. Such faith in the Creator's life-sustaining power would not presume upon His mercies by deliberately breaking His laws of health—neglecting proper exercise, sleep, nutrition; using harmful drugs; etc.—and then expecting miracles of healing.

4. *Mental Health.* She often wrote of the intimate relation between the brain and the rest of the body, and the powerful negative or positive effect of each upon the other, and, therefore, of the need for both mind and body to be in the best possible health. In her day there was little appreciation of this interrelationship.

5. *Spiritual Health.* She stressed above all that spiritual life—Christian character and potential for loving service to God and man—could best prosper in a healthy body. She believed that God created man as an indivisible unit. Like an integrated circuit, the body, mind, emotions, social nature, and spirit cannot be separated. The health of one, or an injury to one, is communicated throughout the whole. Thus, keeping each part of this unity in health is vital to overall well-being. As she wrote in 1890: "Let it ever be kept before the mind that the great object of hygienic reform ["re-forming" one's health practices] is to secure the highest possible development of mind and soul and body. All the laws of nature—which are the laws of

God—are designed for our good. Obedience to them will promote our happiness in this life, and will aid us in a preparation for the life to come."[13]

The remarkable result of these writings has been the permanent changes in the smoking, drinking, eating, and general health habits of over three million Seventh-day Adventists now living (including children), besides those who were church members during the past century. And her writings continue to change the health habits of new readers. These changes have been shown to lower greatly the risk of many diseases, to promote health and a feeling of well-being, and to prolong life. (See Appendix D.)

## Schools

In addition to a substantial publishing work and health-care service, Seventh-day Adventists have a distinctive educational system. Their first college was opened in Battle Creek in 1874, eleven years after the formal organization of the church. It is possible to attend a Seventh-day Adventist school full time for over twenty-six years, from kindergarten through a residency in neurosurgery.

In 1976 the Seventh-day Adventist church served 442,000 students in its 3,762 elementary schools, 447 secondary schools, 1 correspondence school, 82 colleges, and 3 universities (in California, Michigan, and Mexico). The justification for having a separate school system was found in the kind of education that Ellen White was shown the church should provide for its youth. In 1903 she wrote:

"Our ideas of education take too narrow and too low a range. There is need of a broader scope, a higher aim. True education means more than the pursual of a certain course of study. It means more than a preparation for the life that now is. It has to do with the whole being, and with the whole period of existence possible to man. It is the harmonious development of the physical, the mental, and the spiritual powers. It prepares the student for the joy of service in this world, and for the higher joy of wider service in the world to come. . . .

"Higher than the highest human thought can reach is God's ideal for His children. Godliness—godlikeness—is the goal to be reached."[14]

## Foreign Missions

The church's extensive programs of education and of mission outreach began at the same time. When these programs were launched the church was so small and funds so limited that a mission program that could carry the gospel to the whole world seemed impossible. At first church leaders rationalized that if they preached to the immigrants who came to America, they would in essence fulfill the commission of Matthew 28:19-20 and Revelation 14:6-7 to preach the gospel to "every nation, and kindred, and tongue, and people, . . ." Certainly these people would share the "Good News" with their loved ones back home. But Ellen White declared that they must go out and that "our vision must be extended." At the time, church leaders could scarcely see how they could spread the work to California and the large cities, much less to the world.

During a vision one night Mrs. White was told: "You are entertaining too limited ideas of the work for this time. You are trying to plan the work so that you can embrace it in your arms. You must take broader views. Your light must not be put under a bushel or under a bed, but on a candlestick, that it may give light to all that are in the house. Your house is the world. . . ."[15]

Ellen White shared the vision with the leaders who were directing the program of the church. In broad outline she told them what to do, and they followed the counsel, believing that it was not hers, but God's. As a result, in 1976 the church was working in 189 countries of the world in 566 languages.

Ellen White herself went overseas to guide the developing mission program. In the mid-1880s, D. T. Bourdeau, Mrs. White's translator during a two-year stay in Europe, had an excellent opportunity to observe her. After a general meeting of church members in Basel, Switzerland, he reported:

"Never was the gift of prophecy more needed, and its service more timely, than on this occasion. Errors and difficulties that had baffled human wisdom and effort were pointed out, corrected, and removed, with that tenderness, plainness, faithfulness, and impartiality which have characterized this gift during the entire period of its manifestation among us, now about forty years. . . .

"How interesting and wonderful it was to hear [Sister] White correctly delineate the peculiarities of different fields she had seen only as the Lord had shown them to her, and show how they should be met; to hear her describe case after case of persons she had never seen with her natural vision, and either point out their errors or show important relations they sustained to the cause [of God], and how they should connect with it to better serve its interests!

"As I had a fair chance to test the matter . . . knowing that no one had informed [Sister] White of these things, while serving as an interpreter, I could not help exclaiming, 'It is enough. I want no further evidence of its genuineness.' "[16]

## New Directions

Thus, the new Adventist church accepted Ellen White as a prophet in their midst and her counsels as a gift from God. In an era of appalling medical ignorance, the counsels gave specific directions on healthful living, directions that would build a new kind of health-care center and benefit the health of millions.

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Chapter Five

# THE FIVE-HUNDRED-DOLLAR SEED

J. N. Loughborough, a slight but vigorous member of the Battle Creek, Michigan, congregation, was appointed fund raiser for the new medical institution to be built there. He visited the various church members, soliciting funds, but had no success until he came to the broom factory of John Preston Kellogg (see Chapter One), who was also a member of the local congregation. When Loughborough asked Kellogg to support the new institution, Kellogg asked how much money he had raised thus far. Loughborough replied, "Nothing, yet." Kellogg straightened his shoulders, took the contributors' list from Loughborough's hand, and signed his name boldly along with the figure $500. "Understand," he said, "that five-hundred dollars is a seed to start the new institution, sink or swim."

Kellogg worked in his broom factory from twelve to fourteen hours a day for just seventy-five cents. In pledging $500 he had pledged over two years' wages. And he had sixteen children. But considering that American medicine, as practiced in that prescientific era, had cost him the life of his first wife and his beloved baby daughter and had caused him much personal suffering, it is not difficult to understand why Kellogg was motivated to give $500.

Loughborough was overjoyed. He ran over to the White residence on Wood Street, where Ellen White pledged another $500.

## Western Health Reform Institute Opens

The church promptly began a national fund-raising campaign, collected over eleven thousand dollars, and purchased a farm on the edge of Battle Creek, Michigan, then a flourishing manufacturing town of 5,000. There the Western Health Reform Institute opened its doors on September 5, 1866, with a staff of two physicians (Drs. H. S. Lay and Phoebe Lamson), one nurse, three or four helpers, and two bath attendants. Facilities for the "water cure" included an eighty-foot windmill capable of filling a barrel in three to five minutes, given a moderate breeze. With a built-in water heater, it was possible to temper the water "to any degree of heat required for the various baths to be given."

The new Institute was a success from the beginning. Rates, including room, meals, nursing care, treatments, and medical care, ranged from five to seven dollars per week. During the first two months patients came from nine eastern states and Canada. They came in such large numbers that they had to stay in surrounding farmhouses because there was not room enough for them at the Institute.

Over the next few years the church members and stockholders saw the crowded conditions and pressed for larger buildings. But a few of the church leaders—particularly James and Ellen White—realized there were not enough physicians to serve more patients adequately. They urged instead that more physicians be educated. In the fall of 1872 they sent four promising young people to the Hygieo-Therapeutic College in New Jersey. At the end of the course James White encouraged the most promising of the four, John Harvey Kellogg (John Preston Kellogg's tenth child) to attend the Medical School of the University of Michigan and then loaned him $1,000 for further education at Bellevue Hospital Medical College in New York. There he was one of a select group of six students who received daily instructions from the prestigious Dr. Austin Flint, Sr., and Dr. Edward Janeway

—this in addition to the regular medical course from which he was graduated on February 25, 1875. Throughout his life Kellogg engaged in arduous study of medical journals, textbooks, and clinical problems, investing, by 1908, $15,000 in a personal medical library and $50,000 in observation of and instruction by American and European specialists, particularly noted surgeons.

## Western Health Reform Institute Becomes Sanitarium

When John Harvey Kellogg, M.D., joined the Institute staff in 1875, he began a professional career that was to span sixty-eight years. A year later, in 1876, he was appointed Medical Superintendent of the Institute. Since its beginnings in 1866 the Institute had been a "sanatorium," that is, an establishment that provided therapy by physical agents (such as hydrotherapy) combined with diet, exercise, and other measures for treatment or rehabilitation. However, the next year, 1877, Kellogg changed the name of the Institute to the Battle Creek Medical and Surgical Sanitarium. The word "sanitarium" means the same as sanatorium, but Kellogg invested "sanitarium" with the concept of sanitation—it would identify the institution as one in which "sanitary" precautions were taken to prevent the growth and spread of germs.

He chose this spelling of the word sanitarium in 1877, the same year that Joseph Lister, surgeon to Queen Victoria, having experimented with "antiseptic surgery," was appointed chief surgeon at King's College near London. It was also in 1877 that Louis Pasteur presented his "germ theory" to the French Academy of Sciences. Kellogg believed the Sanitarium's name "would come to mean a 'place where people learn to stay well.' "[1] "Kellogg often remarked in later years that the Sanitarium was more a 'university of health' than it was a hospital. He consistently regarded the institution's teaching function as its most important aspect."[2]

During its first ten years, from 1866 to 1876, the Western Health Reform Institute had served two thousand patients. Of these, ten died: an average of one a year. So unusual was this record that the new institution was soon projected to national prominence. This record was set during the ten years *before* Koch and Pasteur first demonstrated (in 1876) that the anthrax microbe produced the disease anthrax. This discovery implied that specific microbes will produce specific diseases unless precautions are taken to prevent their spread. The Koch/Pasteur discovery opened the era of modern scientific microbiology and forced the generally skeptical medical profession to concede that the sanitary measures recommended by earlier (but less persuasive) researchers—measures such as washing hands thoroughly before examining wounds or before surgery—were necessary to prevent contagion. By 1885 the Battle Creek Sanitarium was "the largest institution of its kind in the world."[3] In 1926 it had a service staff of eighteen hundred and in 1927, accommodations for over fifteen hundred patients. Its giant furnaces and boilers burned fifty-five tons of coal a day. By 1938 the Sanitarium facilities included thirty-two buildings on 27.5 acres of land and a dining room for eight hundred guests.[4]

## Famous Guests and Patients

Famous guests and patients at the Battle Creek Sanitarium or one of its satellite institutions included:

*Industrialists:* Henry Ford; James Buick; Harvey Firestone; John D. Rockefeller, Jr.; Alfred du Pont; Joseph H. Patterson, founder of the National Cash Register Company; Joseph Cannon, towel manufacturer; Edgar Welch, grape juice producer; A. E. McKinstry, president of International Harvester; E. H. Little, president of Colgate-Palmolive Company; and General David Sarnoff, president of Radio Corporation of America.

*Businessmen:* J. C. Penney; Montgomery Ward; R. H. and A. H. Kress; and S. S. Kresge.

*Writers, editors, and publishers:* Dr. Morris Fishbein, editor of *Journal of the American Medical Association*;

George Bernard Shaw, British novelist and playwright; C. W. Barron, publisher of the *Wall Street Journal* and *Barron's Weekly*; Dale Carnegie, author of *How to Win Friends and Influence People*; Will Durant, Pulitzer prize-winning philosopher-historian; and Colonel Frank Knox, publisher of the *Chicago Daily News.*

*Musicians:* Harry F. McLean, director of the Mormon Tabernacle Choir; José Iturbi and Percy Grainger, concert pianists; Homer Rodeheaver, gospel singer.

*Sportsmen:* Bill Tilden, tennis champion; Gene Sarazen, golfer, Johnny Weissmuller, champion swimmer.

*Politicians:* William Howard Taft, president of the United States; W. A. Julian, treasurer of the United States; George W. Wickersham, attorney general; William Jennings Bryan, secretary of state; Frank Knox, secretary of the navy; James J. Davis, secretary of labor; plus governors, congressmen, and senators. Patient number 100,000 at the Battle Creek Sanitarium was President Taft.

*Scientists:* Ivan Pavlov, Nobel prize-winning Russian physiologist; Sir Frederick Grant Banting, discoverer of insulin and also a Nobel prize winner; Drs. Charles and William Mayo of the Mayo Clinic; Dr. William M. Scholl, manufacturer of foot appliances and remedies.

*Inventor* Thomas Edison; *comedian* Eddie Cantor; *world traveler* Lowell Thomas; *big game hunter* Martin Johnson; *explorer* Admiral Richard Byrd; *oil men* Harry F. Sinclair and L. E. Phillips.

*Horticulturist* Luther Burbank; *naturalist-author* John Burroughs; *educator* Booker T. Washington; *Red Cross founder* Clara Barton; *Evangelist* Billy Sunday; *pilot* Amelia Earhart.

Amelia Earhart took Dr. Kellogg for an airplane ride over Battle Creek. Admiral Byrd counseled with Dr. Kellogg about diet before making his two major expeditions to explore the North and South Poles. Johnny Weissmuller, Olympic champion swimmer and one of the best-known Tarzan actors, came to Battle Creek to dedicate the Sanitarium's new 120-foot swimming pool. After following a vegetarian diet prescribed by Dr. Kellogg, Weissmuller broke his previous record, swimming 300 meters in 3 minutes, 33.6 seconds, a record he had tried to break for several years. Weissmuller had broken fifty-four world records.[5]

## Preventive Emphasis

The Battle Creek Sanitarium offered both curative and preventive medicine, but emphasized prevention. Patients came to be healed and were given treatments or surgery, but great efforts were made to teach them how to prevent illness, how to promote and preserve health. The Sanitarium had the reputation of being among the most scientific in the world, both in technique and equipment. It used medications when necessary but emphasized a simple, natural life and an intelligent diet. The institution's philosophy was that many diseases are caused by a violation of nature's laws and that the best way to prevent such disease is to obey those laws. The moving force largely responsible for the institution's phenomenal success was Dr. Kellogg.

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*Chapter Six*

# BATTLE CREEK AND HEALTH REFORM

John Harvey Kellogg influenced the worldwide development and philosophy of Seventh-day Adventist medicine more than did anyone except Ellen G. White. He also provided early scientific evidence to document much of Mrs. White's counsel on health. One of America's first biostatisticians and greatest health educators, Kellogg made major contributions to the health of the nation over the years.

## Kellogg the Speaker

To promote "biologic living," Kellogg spoke to hundreds of thousands of Americans throughout the nation in over five thousand public lectures. He spoke in Chicago's Central Music Hall. He addressed an audience in the open air in the Toledo, Ohio, municipal park at the request of reform Mayor Samuel M. "Golden Rule" Jones. He lectured at Northwestern University, the University of Michigan, Tuskegee Institute, Stanford University, Boston College of Physicians and Surgeons, and numerous other places. He outlined health practices to seven thousand persons in the Mormon Tabernacle in Salt Lake City at the request of Mormon President Wilford Woodruff. This led to lectures at the Salt Lake City Women's Club and the University of Utah.[1]

Mrs. Mary F. Henderson, a prominent Washington hostess and wife of Missouri Senator John Brooke Henderson, was one of Kellogg's converts to healthful living. "Following a Kellogg lecture in the nation's capital, Mrs. Henderson poured all the contents of her famous wine cellar, reputed to be the finest in the city, into the gutter. Later she sent her chef to Battle Creek to learn how to cook the proper kind of vegetarian foods."[2]

Kellogg coined the phrase "biologic living" to sum up the system of healthful living he spent his life promoting—a system that, generally speaking, reflected the influence of the health counsels of Ellen White and of the era's most sensible health reformers. To help people stay well and prevent disease he taught obedience to natural law as a moral duty, necessary to physical and mental health. Biologic living also required total abstinence from alcohol, tea, coffee, tobacco, and animal flesh. It included proper diet, adequate rest and exercise, fresh air, healthful dress, and (in case of illness) simple, natural remedies.[3]

Around 1891, Kellogg told Dr. David Paulson how the Battle Creek Sanitarium was able to keep five years ahead of the rest of the medical profession. If something new was advocated, he instantly adopted it if, from his knowledge of Mrs. White's writings, it was sound. When other physicians finally accepted it, after slowly feeling their way, Kellogg had a five-year head start. On the other hand, Kellogg rejected some of the new medical fads because they did not measure up to the light given Mrs. White. When other doctors finally discovered their mistake, they wondered why Kellogg had not been caught as they had.[4]

## Kellogg the Author

Because Kellogg realized that his spoken words could be forgotten, for seventy years he also promoted his views in print. During that time he published nearly fifty books, one of them 1,680 pages in length. His most comprehensive book on nutrition was *The New Dietetics.* Henry T. Finck, an editor of the New York *Evening Post,* said that in his opinion Kellogg's research for the book qualified him for a Nobel Prize as a "life saver." Philosopher Will Durant, himself a Pulitzer Prize winner, wrote that the book was one of the one hundred best books ever published.[5]

Kellogg's books had a circulation of over a million copies. Some were the first authoritative scientific works ever published in America in their respective fields and were used as textbooks in public schools.[6]

## Kellogg the Surgeon

Kellogg came to be recognized as one of the nation's leading surgeons. He studied with a number of American and European specialists. In 1889 he spent about five months assisting Dr. Lawson Tait in Birmingham, England. At the time, Tait, whose specialty was abdominal and gynecological surgery, had performed a record 116 successive surgeries without a single fatality. This record was unusual in a day when physicians expected 15 to 20 percent of patients undergoing abdominal surgery to die. Tait's record was unbroken in the United States for five years until Kellogg, using Tait's methods plus his own distinctive biologic regimens (special pre- and postsurgery diet and aftercare), set a new record: 165 successive abdominal surgeries without a fatality.[7]

Kellogg also visited the Mayo Clinic in Rochester, Minnesota, which was at the time the chief center for experimental surgery in America. Here he won the friendship of Drs. Will and Charles Mayo. The Mayos quickly recognized Kellogg's abilities. Charles Mayo amazed one of his patients during an examination by saying, "I see that Dr. Kellogg performed an earlier operation for you."

"You are right," was the startled reply, "but how could you know who had done the operation?"

"That's easy," replied Mayo. "The scar is small and neat, just like a signature."[8]

The Mayo brothers spent several days observing the methods used at the Battle Creek Sanitarium. By that time Kellogg's surgical skills had been officially recognized by his election to the American College of Surgeons.

Some of Kellogg's surgical skills resulted from the manual dexterity he cultivated throughout his career. In odd moments and while traveling by train, he often practiced making small stitches on a piece of cloth to improve his speed and accuracy in closing a wound.[9]

After the turn of the century Kellogg limited his career almost entirely to gastrointestinal surgery. By so doing, he performed the complicated procedures much faster than did most surgeons of his time. He was careful, however, that speed did not interfere with precision. After watching Kellogg perform nine surgeries in rapid succession, Dr. Howard A. Kelly remarked that Kellogg had just performed some of the most skillful surgery he had ever seen. Kelly himself was one of America's foremost abdominal surgeons, a member of the renowned surgical team at Johns Hopkins University Medical School.

During his lifetime Kellogg performed more than 22,000 operations, the last when he was eighty-eight years of age.[10]

## Kellogg the Dress Reformer

Throughout his career, Kellogg insisted that optimum health and proper dress are closely associated. He took particular exception to the corset, which he firmly believed displaced the internal organs and interfered with their healthy function. Some nineteenth-century physiologists concluded, after observing that men breathed with their entire chest while women used only the upper part of the chest, that perhaps this was due to an inherent difference between men and women. Kellogg strongly disagreed, saying that it was the *corset* that prevented women from breathing naturally. Kellogg persuaded many of his female patients to ignore fashion and discard their corsets.

One evening Mrs. Kellogg's beautiful collie came to walk Kellogg home from work. Deciding to perform a little experiment, Kellogg took a brand new pink corset discarded by one of his patients and tightly laced it around the dog's big chest. Just as Kellogg began observing the effect on the animal's respiration, someone knocked on the door. Not wanting his visitor to see the pet in its new garb, Kellogg stepped into the outer office. When he returned, the collie was gone. Kellogg was a great believer in breathing fresh air, and his office windows were wide open on that warm summer evening. The dog, not entirely devoted to the advancement of medical science, had jumped out a window and had run all the way from the Sanitarium to Kellogg's home wearing the pink corset. Kellogg quickly mounted his bicycle and rode home, where he was met by a reproachful Mrs. Kellogg. "He soon decided it was the better part of wisdom to abandon the experiment."[11]

## Kellogg on Vegetarianism

One of Kellogg's greatest contributions to healthful living was his emphasis on a vegetarian diet. "Of all the factors necessary to maintain health, Kellogg believed that a proper diet was the most important. . . .

"No food came under more sustained attack by Dr. Kellogg than meat of any kind. He argued that, contrary to public opinion, its free use lessened rather than promoted physical strength. . . . To help persuade persons [who were] unaffected by fear of the physiological risks of meat-eating, Dr. Kellogg added moral and religious arguments. He contended that the taking of any kind of life tended to brutalize human instincts and, in effect, accustomed man to 'murder and violence.' A careful study of the early chapters of Genesis, he maintained, should convince sincere Christians and Jews that God had not intended for men to eat meat originally, but had only allowed its use after the Noachian Flood . . ."[12] when all vegetation was destroyed. Kellogg often emphasized that God's permission to eat meat was granted on the condition that it be free from blood. Basing his ideas on certain Scriptures (Lev. 7:26-27; Deut. 12:16, 23; 15:23), Kellogg said a person should eat no meat until he had washed out all the blood (thus also removing most of the flavor).

The increase of disease in domestic animals gave Kellogg additional evidence against meat. To dramatize his point, Kellogg sent for a prime beefsteak from the Post Tavern, Battle Creek's most exclusive restaurant. He then directed a Sanitarium bacteriologist to subject the steak—and also some fresh barnyard manure—to microscopic examination. There were more harmful germs in the beefsteak. Kellogg also demonstrated that lengthy cooking did not destroy all the germs.[13]

However, in those days most people did not know the meaning of the word "germs." After looking through a microscope one woman asked Kellogg, "How large are they?"

Trying to help her appreciate the size of a germ, he answered, "If we were to lay twenty thousand of them in a row, they would measure approximately one inch."

"Oh," replied the woman, "I am not afraid of them little fellers."[14]

## *The Jungle* Supports Kellogg

Shortly after the turn of the century, muckraker Upton Sinclair wrote his famous novel, *The Jungle*, which exposed unsanitary practices of the meat-packing industry. Public pressure for governmental inspection convinced many people that with more careful inspection meat would soon become acceptable for human consumption. To enhance its image and to reassure the American public, the packing industry circulated a jingle entitled, "And He Ate Meat!"

> "Methuselah ate what he found on his plate,
> And never, as people do now,
> Did he note the amounts of the calorie count;
> He ate it because it was chow.

"He wasn't disturbed as at dinner he sat,
[Devouring] a roast or a pie,
To think it was lacking in granular fat,
Or a couple of vitamins shy.

"He cheerfully chewed every species of food,
Untroubled by worries or fears,
Lest his health might be hurt by some fancy dessert,
And he lived over nine hundred years!"

Since boyhood Dr. Kellogg had enjoyed writing poetry. He quickly challenged such misrepresentation by writing a jingle entitled, "Methuselah's Meat":

"What Methuselah ate
Was not on a plate,
For plates were not yet invented.
Being discreet,
He ate Paradise meat,
And thus old age prevented.
For Paradise meat
Was delicious to eat,
And kept him in finest condition.
And 'twas hung on trees,
And not made to please
The deadly Live Stock Commission. . . ."[15]

Kellogg and the meat-packers locked horns several times, once after the meat-packing industry had arranged for the U. S. Department of Agriculture to prepare a poster depicting meat as a highly desirable food. Copies were displayed in every post office. Kellogg thought this was a misuse of taxpayers' money and immediately protested. At his own expense, Kellogg printed a large number of the same posters with a conspicuous message at the bottom: "See the other side." On the reverse side, Kellogg listed meats that he had subjected to microscopic examination in the Sanitarium laboratories, along with the number of colon germs per gram found in each compared with the number of colon germs per gram of barnyard manure. The manure contained fewer germs than did several kinds of meat.

Now it was the meat-packers' turn to be furious. They lodged a complaint with the Federal Trade Commission to secure an injunction to stop Kellogg from circulating the "revised" posters. Kellogg was delighted. Public hearings would give him a greater opportunity to expose the unfitness of meat as a food. The government sent a lawyer to Battle Creek to research the case. After seeing Kellogg's evidence, the lawyer decided to drop the whole matter. Kellogg happened to see the attorney several weeks later in a Chicago hotel lobby. "You know, Doctor," said the attorney, "I haven't tasted meat since I saw you in Battle Creek!"[16]

Kellogg emphasized that man's natural diet was vegetables, fruits, nuts, and grains; and he widely advocated such a diet. "To the religious, he would refer to the early chapters of Genesis, where the Creator provided the first man with a diet of fruits and seeds. If he was speaking to the nonreligious or more secular, especially those inclined to accept the Darwinist view of man's origin, Kellogg would stress the similarity between the digestive tract of the great apes and that of man. Gorillas, orangutans, and the other higher primates, he pointed out, were all natural vegetarians."[17] He also demonstrated the economic folly of producing meat, noting that it takes one hundred pounds of grain to produce three pounds of beefsteak—grain that could have been used for food. "To vary the vegetarian diets of his patients, Dr. Kellogg invented some 80 grain and nut-food products, including peanut butter and flaked breakfast foods."[18]

## Peanut Butter

One day Kellogg was walking past the Sanitarium's kitchen when he smelled something burning. He burst into the kitchen and saw that the young man who was supposed to be roasting some peanuts was instead visiting with his girl friend. Kellogg reproved the young man for burning the peanuts and informed him that he would have to pay for the nuts. Salvaging the remnants of his pride and the peanuts, the young fellow walked home.

As he entered the house, one of the peanuts fell to the floor. He was still so upset that he picked up a nearby hammer and smashed the peanut. He noticed that instead of shattering as he had expected, the peanut turned into a strange-looking paste. He sprinkled several peanuts on the floor, hit them all with the hammer, and they all responded the same way. He scraped up the paste, put it on a platter, walked to Kellogg's office, and waited outside the door. Kellogg would not see him. He was a busy man.

Just as Kellogg charged toward surgery, the young man held out the platter for Kellogg to inspect. Kellogg paused and asked, "What's this?"

"Peanut butter," the boy replied. Kellogg tasted it with his finger and liked it. "Take it to the kitchen," he said. "I'll give you fifty dollars for that platter." And so under Kellogg's direction, peanut butter was made and sold in downtown Battle Creek shortly thereafter.[19]

## Dr. Kellogg's Cornflakes and New Food Products

One day a female patient broke one of her dental plates on a piece of zwieback. Kellogg decided to develop a precooked cereal. He spent many hours with some steel rollers and steamed wheat, inventing wheat flakes, corn flakes, and eventually beginning the flaked breakfast cereal industry of America. However, it was his brother, W. K. Kellogg, who made it an international industry.

A semicharity patient named C. W. Post, with his wife, often visited the Sanitarium's experimental food laboratory. An employee reported their curiosity to Kellogg and said he suspected that the Posts were planning to copy Kellogg's techniques and develop their own product. When it was suggested that they be barred from the laboratory, Kellogg replied, "No! The more people there are who make such products, the more there are who are likely to use them. That is the important thing."[20]

Until his hospitalization, Post had sold his wife's homemade suspenders door to door. Then, apparently copying Kellogg's recipe, with sixty-nine dollars Mr. Post started his own breakfast cereal industry, which today makes Post Toasties and many other products.

One of the most popular of the eighty foods Kellogg invented was Caramel Cereal Coffee. Although Kellogg called it "a very poor substitute for a very poor thing," it was selling about one ton a day when C. W. Post began promoting a similar product called Postum. Through extensive and clever advertising Post captured the coffee-substitute market. In time he built a fortune on products with which he had become acquainted at the Battle Creek Sanitarium.[21]

## More Kellogg Inventions

Early in his career Kellogg became interested in mechanical exercisers. He invented a simple vibrating chair by attaching an ordinary wooden armchair to a small platform that oscillated twenty times a second. He believed that the resulting vibrations increased the circulation of the blood.[22]

In the 1890s Kellogg organized the Sanitarium Equipment Company, which constructed a variety of devices to increase the circulation of the blood, to improve digestion, to aid in weight reduction. Some were his inventions; others originally invented by Gustav Zander, Kellogg adopted and improved. These devices included, for example, a bar to vibrate the hands, arms, upper spine, and head; a revolving ribbed cylinder for applying friction to the bottom of the feet; and a vibrating belt, which has become standard equipment for weight-reducing salons.[23]

In 1894, after a decade of research, Kellogg perfected the Universal Dynamometer, a strength-testing device. His dynamometers were used in physical education programs at West Point, the University of Wisconsin, Yale University, and other colleges. In 1907, Admiral A. P. Niblack, the new commander of the naval squadron at Annapolis, visited Battle Creek to purchase two dynamometers for the Naval Academy and to learn their proper use. For the next twenty-five years, every cadet took dynamometer tests.[24]

For several years, Kellogg developed statistical averages for the strength of different muscle groups. Thus, he could determine the extent to which a patient's strength varied from the averages and could prescribe specific exercises to strengthen the weak muscles.[25]

To provide the therapeutic benefits of the sun during the almost sunless Michigan winters, Kellogg devised and installed a large battery of arc lights capable of tanning the skin in minutes.[26] Other Kellogg inventions included: the menthol inhaler to clear nasal passages; his own electric blanket (not developed for public sale); and the mechanical horse, used by President Calvin Coolidge for daily exercise in the White House.

John Harvey Kellogg, M.D.—brilliant administrator, medical pioneer, enthusiastic speaker, influential author and publisher, skilled surgeon, zealous dress reformer, persuasive health educator, and prolific inventor—through his God-given talents contributed much to the Adventist church and to the world. And during the mid-1870s and '80s, through his strong leadership the Battle Creek Sanitarium grew into a school for educating scores of nurses, physicians, and other health professionals.

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*Chapter Seven*

# READY TO GROW

James White, for over ten years president of the General Conference of Seventh-day Adventists, insisted that Adventists who wished to be physicians and practice as health reformers should attend the leading medical schools in the country. But he wondered what effect the schools would have on their beliefs about healthful living. He was pleased when John Harvey Kellogg and Kate Lindsay (founder of the first Seventh-day Adventist school of nursing) and others successfully earned degrees from leading state schools of medicine, yet retained their full confidence in the health principles of the church.

In 1866 White had objected to increasing the size of the Western Health Reform Institute because of the lack of qualified physicians; but he said in 1877, "Now that we have men of ability, refinement, and sterling sense, educated at the best medical schools on the continent, we are ready to build."[1] Kellogg made a comprehensive study of similar institutions in the country. His plans for expanding the Institute met with unqualified approval from experts in the field. The building—then described as "mammoth"—was to be 130 feet long with an extension in the middle giving it a breadth of 137 feet. Estimated cost, sixty thousand dollars. It was described as "the *one* par excellence of its kind in America. With an efficient corps of physicians . . . having a board of trustees with tried ability and judgment . . . with all the facilities that science and long experience can devise . . . with a wide and enviable reputation, and an ever-increasing patronage

. . . [it] is destined to wield a mighty influence in the world. . . ."[2]

The new building was dedicated April 10, 1878. The Institute (renamed the Battle Creek Sanitarium in 1877) and its principles now had the respect of the medical profession. It was, according to physicians of the Michigan State Medical Association, who examined it thoroughly, "entirely rational and 'regular.' "

Thereafter the Sanitarium experienced a steady increase in patronage until late 1883, when it was embarrassed by insufficient accommodations. The board of directors authorized construction of a new wing to be one hundred feet long and five stories high. This addition was completed in 1885.

## Medical Education Begins

A School of Hygiene opened at the Sanitarium on January 14, 1878, with seventy-five students. The number soon rose to 150. So thorough was the course of study that any medical college in the United States would accept its certificate of graduation as satisfying part of the regular medical course requirements. Tuition for the twenty-week course was $25. Room and board cost $1.60 per week.

In the spring of 1883, the institution tried to start a School of Nursing, but only two students enrolled. On November 1, 1883, another call was made for students. So great was the demand for qualified nurses that Sanitarium physicians guaranteed placement for all proficient graduates. This time so many responded who could not come on short notice that registration was postponed for two weeks. The six-month course was lengthened to two years at the end of the first six months. Each year the number of applicants increased.

In late 1889 the Sanitarium began the "Health and Temperance Missionary School," to staff not only the Sanitarium but also future medical institutions and to prepare workers for foreign missionary service. The General Conference Committee of the church endorsed the program, and at the end of the four-month class about one hundred students were attending classes daily.

## Physicians Needed

Early in the 1880s the Sanitarium issued calls for prospective medical students. In 1881 the institution offered a course of lectures for those who wanted "to prepare themselves to enter some first-class medical college." In 1884 Mrs. White said that the physician "occupies a position even more responsible than that of the minister of the gospel." She then outlined essential qualifications for physicians.[3] They are to be "firm as a rock to principle," "kind and courteous to all," "strictly temperate," "free from the use of tobacco"; they must possess a "heaven-born dignity, a natural energy, force, and perseverance that will enable them to reach a high standard of excellence"; they must be men and women of prayer; "closely connected with the Great Physician of soul and body."[4]

The Sanitarium medical staff was greatly overworked. While it was imperative that more Christian physicians be educated, medical students needed to understand the difficulties of a career in medicine. Starkly Mrs. White pictured the physician as one whose duties often deprive him of rest, one sometimes the victim of "unmerited reproaches, . . . left to stand alone, the subject of Satan's fiercest temptations. . . .

"Many, knowing how trying are the duties of the physician and how few opportunities physicians have for release from care, even upon the Sabbath, will not choose this for their lifework. More of the right kind of men are needed to devote themselves to this profession. Painstaking effort should be made to induce suitable men to qualify themselves for this work."[5]

Mrs. White warned repeatedly against the dangers of attending schools of medicine where students would be brought into companionship with "skeptics, infidels, and the profligate." She lamented that only a few came through "like Joseph and Daniel, uncorrupted, firm as a rock to principle."[6] She emphasized the difference between the work of the Christian physician and that of other physicians. "The work of the Christian physician does not end with healing the maladies of the body; his efforts should extend to the diseases of the mind, to the saving of the soul. . . . The physician should know how to pray. . . . Prayer will give the sick an abiding confidence; and many times if their cases are borne to the Great Physician in humble trust, it will do more for them than all the drugs that can be administered."[7]

"The physician needs more than human wisdom and power that he may know how to minister to the many perplexing cases of disease of the mind and heart with which he is called to deal. . . . He will be able to point his patients to Christ and teach them to carry all their cares and perplexities to the great Burden Bearer."[8]

In 1891 the church opened a two-story building on Jefferson Street in Ann Arbor, Michigan, to be used as a home for Seventh-day Adventist medical students attending the nearby state university. This was a major step in providing a Christian environment for Adventist medical students. The home was to be a "pleasant, healthful, homelike place, where order, decorum, and wholesome moral influences shall prevail, and a Christian spirit reside."[9] Supervision of the home was placed on the class members themselves.

## Genesis of a Seventh-day Adventist School of Medicine

In a long chain of circumstances the discovery of diamonds in South Africa aided the medical missionary work of the church and the establishment of the first medical school for Seventh-day Adventist students. Two brothers, Francis and Henry Wessels, owned a farm in the diamond fields near Kimberley, South Africa. They were offered a handsome price for their property. After the sale, for three months they were impressed "to make a liberal contribution to medical missionary work." They contacted

Dr. Kellogg and asked him what he would do with a gift of $40,000. "We will go to Chicago and start a medical missionary work,"[10] he replied. The new dispensary opened on June 25, 1893, in the Pacific Garden Mission on the corner of Van Buren Street and Fourth Avenue.

Two years later another dispensary was started in the southern part of the city, and together the two institutions served twenty thousand people a year. Although originally there had been no thought of starting a medical school, Kellogg soon discovered that the patronage of the two dispensaries was sufficient to supply the clinical practice needed for such a school. And circumstances seemed to indicate that a school was now necessary.

Although most of the twenty students who lived in the Adventist home for medical students at Ann Arbor remained loyal to Christian principles, leaders of the medical missionary work feared that the influence of worldly associations and non-Christian teachers would undermine the students' ideals. Deeply concerned about this negative influence, Ellen White wrote in 1894, "Many have been unfitted to do missionary work by attending such schools."[11]

The medical missionary work expanded so rapidly in he 1880s and 1890s that church leaders realized the need or educating more physicians, and in early 1895 they seriously considered starting a school of medicine for Adventist youth at Battle Creek rather than having to send hem to secular schools.

By 1895, Battle Creek Sanitarium had earned the high espect of the medical profession. Its facilities, plus those of the two Chicago dispensaries, were as good as those in many of the medical schools, if not better. Kellogg and his associates were recognized as men of scientific standng. Already the educational programs of the Sanitarium had almost attained the level of those in a medical school.

## The American Medical Missionary College

As many of the obstacles for starting a medical school were removed, the Sanitarium board voted to open the

American Medical Missionary College (AMMC). Inco porated under the laws of the state of Illinois, the medic college was granted a charter by the Illinois legislatur July 3, 1895. The four-year program of instruction— thorough as that of the best U. S. medical schools—w to be given partly in Chicago and partly in Battle Cree Its students were to be only those who demonstrate Christian consecration and a missionary spirit. By t time AMMC opened on October 1, 1895, forty-o students had enrolled, far more than the highest expect tions of its leaders.

About a week before classes were to begin, the Sanita ium board decided that, although they lacked funds meet some of the school's most urgent needs, they mu proceed with its opening. They determined simply to tru in God to provide. The next day an elderly gentlema rang the bell at the office of the medical college presiden took $2,000 out of his pocket, and donated it to the ne college. According to Kellogg, the gift was wholly unsoli ited and unexpected. It deepened the confidence of the i stitution's leaders in the divine Providence that had bee guiding them. Nevertheless, a major problem soon d veloped that was to bring the institution to a crossroads.

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Chapter Eight

# A CHURCH-RELATED WORK?

The Seventh-day Adventist Medical Missionary and Benevolent Association was established in 1893 by the General Conference. Several years later some medical leaders at Battle Creek changed the first part of the name, *Seventh-day Adventist*, to *International.* At first it seemed that the Association's name change was designed to reflect the worldwide scope of its work.[1] However, the medical leaders gave another reason in the January 1898 issue of *Medical Missionary*: "The International Medical Missionary and Benevolent Association is a unique organization in the fact that it is, as far as we know at least, the only association which has undertaken to organize and carry forward medical and philanthropic work *independent of any sectarian or denominational control, in home and foreign lands.*"[2] But a difference of opinion soon developed over the word *denominational* as applied to the work of the medical missionary association.

On the one hand, in a May 1899 Extra of the *Medical Missionary Conference Bulletin* it was stated that the association's agents were "here as Christians, and not as Seventh-day Adventists." Their purpose was not to present anything "that is peculiarly Seventh-day Adventist in doctrine." Their work was "simply the undenominational side of the work which Seventh-day Adventists have to do in the world."[3] This shift away from the distinctive Seventh-day Adventist role was evident nearly four years earlier. In 1895 the announcement concerning the opening of AMMC stated: "This is not a sectarian school. Sectarian doctrines are not to be taught in this medical school. It is a school for the purpose of teaching medical science, theoretically and practically, and gospel missionary work. It is not to be either a Seventh-day Adventist or a Methodist or a Baptist, or any other sectarian school, but a Christian medical college—a missionary medical college. . . ."[4]

On the other hand, a few weeks after the opening of the school Mrs. White urged that the "remnant people of God" were to "glorify His name by proclaiming the last message of warning. . . ."[5] Her counsel was based on a vision that had symbolically portrayed medical leaders "hiding the principles of our faith *in order to obtain large patronage.* Every jot done in this line, instead of extending the influence of the truth, will hinder its advance."[6] She emphasized that God was "to be honored and recognized by the people calling themselves Seventh-day Adventists. . . . There must be no narrowing down of your work, . . . there must be no covering up of any phase of our message."[7]

## Separation Begins

Despite repeated counsels to the contrary, the key leaders of the church's medical work felt their ministry should be divorced from the church and declared "undenominational." This attitude was an increasing source of concern to the leaders of other phases of the church's work. "It has been stated that the Battle Creek Sanitarium was not denominational," wrote Mrs. White. "But if ever an institute was established to be denominational, in every sense of the word, this sanitarium was."[8] As an editorial in the *Review and Herald* stated, " . . . it will be fatal to the success of this movement . . . to take the position that we should keep our specific message in the background, and that we should lose our denominational identity on the broad platform of undenominational Christian effort."[9]

The separation between the church and its medical leaders in Battle Creek became broader as leaders of the medical missionary work not only continued to call their work undenominational, but became more and more independent. Despite the counterinfluence exerted by the medical leadership at Battle Creek, during 1899 and 1900 the medical missionary work of the church expanded into Switzerland, Denmark, England, Germany, South Africa, India, Australia, New Zealand, Mexico, and the Pacific Islands. In addition to *Good Health* (a journal with a monthly circulation of 30,000), the church published nine other health journals, some of them reaching lands overseas. A steady demand continued for medical workers in many parts of the world, the calls coming faster than workers could be trained. Because of the high scores that the AMMC graduates earned on Illinois State Board examinations, AMMC secured admittance into the Association of American Medical Colleges.

## Strange Events

In 1902 a series of events began which threatened to disrupt the church. In the early morning hours of February 18, the Battle Creek Sanitarium and Hospital burned to the ground. There was one fatality, a man who reentered the building trying to retrieve his wallet, which contained his life's savings. The cause of the fire was never determined. The medical leaders at Battle Creek never doubted that the Sanitarium would be rebuilt, but they disagreed with the leaders at church headquarters on the building's proposed size, location, cost, and financing. The church leaders recommended that, "In view of the attitude of the people of Battle Creek toward the sanitarium and its work, . . . the new building should be erected in [Battle Creek] . . . that only one building be built in place of the two which were burned; and that this building should be five stories in height, not to exceed 450 feet in length. . . ."[10]

But the new plans drawn up by the medical leaders, who had grown increasingly independent of church control since 1899, showed a much larger building. Seen from the front, the main building was to be 550 feet wide—nearly the length of two football fields—and was to have three rear extensions totaling an additional 500 feet. Together with its smaller buildings, it would accommodate over one thousand patients.

## Extravagance Condemned

On May 1, 1902, Ellen White wrote: "Last night I was instructed to tell you that the great display you are making in Battle Creek is not after God's order. You are planning to build in Battle Creek a larger sanitarium than should be erected there."[11] The medical leaders disregarded not only this counsel as to the size of the Sanitarium, but also similar counsel against extravagance.

The grandeur of the new Sanitarium was described in a statement by the Honorable Perry F. Powers, auditor-general of the State of Michigan, published a few days before the dedication: "The general style of the building is that known by architects as the Italian renaissance. . . . The floors of the great structure make an area of five acres of marble mosaic, the construction of which was superintended by the Italian artist in that line of work, who had charge of the beautiful mosaic work of the Congressional Library building at Washington, D. C. . . . When fully completed, it will stand as one of the beautiful buildings of Michigan, creditable to the city and to the state in which it is located."[12]

Nevertheless, Mrs. White's counsel had been to build a smaller, more simple building—one in which the beauty of its Christian atmosphere would not be outshone by the beauty of its physical appearance.

## A Continued Witness

By 1906 disagreement between the medical leaders and other church leaders over the new Sanitarium and several other areas of controversy finally resulted in the separation of the Sanitarium from the church. The loss of the Sanitarium and some of its leaders seemed to be a severe blow to medical missionary work. Yet the fate of the "undenominational" institution on the one hand and the continued growth of the denominational health-care service on the other were both a continued witness to their respective philosophies. The Battle Creek Sanitarium's two satellite institutions in Chicago and one in Miami closed, one after another. The famous Sanitarium, financially overextended, went into receivership in 1933. In 1938 the Sanitarium Association was reorganized under the National Bankruptcy Act. The main building was sold to the United States government and became the Percy Jones General Hospital in 1942. The Sanitarium functions continued in a much smaller building nearby. Yet the church went on to develop hundreds of denominational health-care institutions in seventy-eight countries and its own medical schools in California and Mexico. And, as of 1977, the church was studying the feasibility of founding medical schools in Brazil and the Philippines sometime in the 1980s.[13]

## AMMC Closes—New School Emerges

In October of 1910 the American Medical Missionary College in Battle Creek merged with Illinois State University. During its fifteen years it had graduated 187 physicians. Most of these dedicated Christian physicians, as well as the nurses who graduated from AMMC, conscientiously served God in the United States and foreign fields and took their places in the reorganized medical work of the denomination.

As AMMC closed, God unmistakably opened the way for medical education elsewhere. Five years earlier, on October 28, 1905, Mrs. White wrote an appeal to parents not to send their children to Battle Creek to become confused with the unbiblical teachings and misleading influences prevailing there at that time. She said: "the Lord will open, *yes, He is opening ways whereby your children* *can be given an education in medical missionary lines without endangering their souls.*"[14] She then emphasized that the church would soon have facilities to meet "the necessary requirements" for preparing "fully equipped physicians."[15]

Just a few days before the report of the merger of AMMC with Illinois State University, the following report appeared in the church paper, *Review and Herald*: "September 29 [1910] was a red-letter day in the history of our medical missionary work. A new milestone was passed in the opening of the College of Medical Evangelists, our denominational medical college at Loma Linda, Cal[ifornia]."[16] At the same time that the few students enrolled in the American Medical Missionary College were being transferred to Illinois State University, about thirty-five Seventh-day Adventist young people were enrolling in the new Loma Linda medical school.

## Full Circle

In May of 1957 the Battle Creek Sanitarium again went into receivership. Its board resigned and was superseded by a board of Seventh-day Adventist physicians representing Hospital Service Foundation of Glendale, California. The Sanitarium became a member of the Association of Privately Owned Seventh-day Adventist Services and Industries (ASI). With an Adventist board again operating the Sanitarium, the civic leaders of Battle Creek began a campaign to return the institution to the Seventh-day Adventist church.

On January 11, 1971, patients were moved into the first and second floors of the Jeffrey Building, a new three-million-dollar, four-story brick building named after James R. Jeffrey, a former Sanitarium janitor who, after becoming a physician, became the institution's medical director after Kellogg's death in 1943. On March 1, 1972, the Sanitarium became an acute-care hospital with medical, surgical, and mental health facilities replacing the former Sanitarium functions.

In 1974 the Adventist church was operating 393 hospitals and clinics. On October 1 of that year, the Battle Creek Sanitarium Hospital, the forerunner of the Seventh-day Adventist system of church-operated health-care institutions, came under the direct ownership and control of the church, thus becoming its 394th medical facility.

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Chapter Nin

# "AN IMPORTANT EDUCATIONAL CENTER"

By the turn of the century, Seventh-day Adventists had established twenty-six sanitariums and treatment rooms in the United States and abroad. Under added appeals by Mrs. White, in 1904 and 1905 they established three more sanitariums in southern California: in Glendale, Paradise Valley, and Loma Linda.

## God Prepares the Way

From her home near St. Helena, California, Ellen White had predicted in 1902 that "unoccupied properties" would soon become available in southern California; properties that could be purchased "far below the original cost" and used as sanitariums.[1] She assured church leaders that "unusual bargains" might be found. "For months," she wrote, "the Lord has given me instruction that He is preparing the way for our people to obtain possession, at little cost, of properties on which there are buildings that can be utilized in our work."[2]

The Paradise Valley facility (now the Paradise Valley Hospital) represented an investment of $25,000. It was offered to the Seventh-day Adventist church for $12,000. In 1904 it was purchased for $4,000—"far below the original cost," just as Ellen White had predicted. The Glendale Hotel (now the Glendale Adventist Medical Center) represented an investment of $50,000. It was offered to Seventh-day Adventists for $26,000. In 1904 it was purchased for only $12,000—"far below the original cost."

Though to all appearances it seemed financially impossible, even foolhardy, Ellen White had been instructed in vision that the church should acquire not only these two properties but also a third, and that all three should become sanitariums which would be centers of medical and spiritual healing.

## The "Hill Beautiful"

That same year Ellen White instructed John Burden, manager of the St. Helena Sanitarium (now St. Helena Hospital and Health Center) near San Francisco, to look between Riverside, San Bernardino, and Redlands for this third property which she had seen in vision. In March, 1904, he found seventy-six acres of property four miles from Redlands which matched her description. Burden inquired about the price. He learned that the facilities on the property had been built in the 1880s by land speculators, or "boomers," as those who built boom towns in the West were called. The speculators had named the proposed resort community Mound City. But they went bankrupt, then sold out to a group of eighty physicians and forty businessmen from Los Angeles who wanted to develop Mound City into a health resort. The new owners renamed the property "Loma Linda" ("Hill Beautiful") and invested over $155,000 in new buildings, redecorating, furnishings, and other improvements. But their effort failed and the stockholders were desperate.

For months Loma Linda was deserted except for grazing sheep and a caretaker. People in the surrounding community nicknamed the hill "Lonesome Linda." Burden was told that the $155,000 property could be purchased for $110,000. But $110,000 was out of the question. He left.

Mrs. White urged him to return. This time the price was lowered to $85,000. Still, $85,000 might as well have been $85,000,000. The fourteen hundred church members in southern California were already supporting a large building program of new churches and health institutions. And church headquarters—the General Conference of Seventh-day Adventists in Washington, D.C.—had just established a "no debt policy" and could not help finance any new institutions. Again Burden left and told Mrs. White the new price.

## "An Important Educational Center"

Mrs. White said that someday thousands of people would be moving into the area and Loma Linda would become not only a center of medical and spiritual healing but also "an important educational center" to prepare medical missionaries. How were these ideals to be realized? In 1905 Ellen White's 541-page book, *Ministry of Healing*, was published. It revealed Christ as the true Gospel Medical Missionary and outlined how to follow in His footsteps. A school should be built to provide practical experience in Gospel medical missionary work. Mrs. White urged Burden to return to Loma Linda a third time. This time Burden asked whether the owners were really serious about selling Loma Linda and what would be the bottom dollar they would accept. They said they would settle for $40,000. Although the sum still seemed astronomical, Burden inspected the property more closely. He found that it included thirty-one acres of grain land; twenty-two acres of alfalfa, vegetable gardens, an apricot orchard and a barn; and a twenty-three-acre terraced hill covered with orchards, gardens, beautifully landscaped lawns, scores of tall shade trees and pepper trees filled with canaries, a profusion of flowers and ornamental shrubs, carriage drives, and over a mile of gracefully curving concrete walks. On the summit of "Hill Beautiful" were several cottages, a large recreation hall, and a four-story, sixty-four-room frame hotel. The buildings, in excellent condition, were lighted with electricity and heated with steam. Water was piped through the premises from a large artesian well. The property also included $12,000 to $15,000 worth of equipment and supplies that had never been used. Burden decided to purchase the land and buildings.

## Terms of Purchase

The terms were $5,000 down and, within the next few months, three monthly payments of $5,000 each—the first half of the purchase price. The remaining $20,000 was to be paid at the end of three years. On Friday afternoon, May 26, 1905, lawyers came to sign the contract of sale. Because it was nearing sunset that Friday evening and "the Sabbath," was about to begin,[3] Burden and the few church members with him decided to postpone the signing of the papers until Monday. On Sunday, May 28, Burden received a telegram from G. W. Reaser, president of the Southern California Conference, who at the time was in Washington, D. C. It said, "Developments here warrant advising do not make deposit on sanitarium." It is not difficult to understand the directive since it seemed certain that there would be *no* funds available to make either the deposit or the payments. But, at Mrs. White's urging, and with her assurance that the Lord would provide, on Monday Burden paid $1,000 borrowed on his personal note to secure an option to buy Loma Linda.[4] This $1,000 was to be forfeited if the down payment or monthly payments could not be made.

Two weeks later, on Monday morning, June 12, 1905, Mrs. White came to Loma Linda for the first time. As she was taken on an inspection tour she said repeatedly that she recognized it as the very place she had seen in vision nearly two years before (in the fall of 1903 and also on October 10, 1901). She sat down in the parlor and spoke of the educational work that was to be carried forward in Loma Linda.

Encouraged by Burden's example, local Adventists contributed another $4,000 to complete the June 15 down payment, though none had any idea how they would meet the July payment—another $5,000—due in one month.

On June 20, delegates of nearly all the twenty-two churches in the Southern California Conference met to consider purchasing the Loma Linda property. The conference president told the delegates of the importance of the decision they would make that day. According to the minutes of the meeting, "He then stated that Sister White had said that this sanitarium should be the principal training school on this coast. At this point Sister White interrupted him and said, 'This will be.' "[5] Finally, the Southern California Conference Committee agreed to support the project.

On the day the July payment was due, the conference committee members met with Burden in Los Angeles in emergency session. Not only did they not have the $5,000, but they did not have one dollar of it. Some of them were critical of Burden. Creditors were knocking at the door, ready to foreclose. The situation was tense. Burden's only assurance was faith in a statement by Mrs. White that money would come from unexpected sources.

## "He Will Carry It Through"

Someone suggested that they wait for the morning mail. Soon they heard the postman walking up the stairs. In the mail was a letter from Atlantic City, New Jersey, written by a woman unknown to anyone on the committee. Accompanying her letter the 3,000 miles across the continent was a draft for $5,000, the *exact* amount needed on that deadline day—and it had been mailed weeks in advance. Just as Ellen White had predicted, money came from an "unexpected source."

One who had been critical of Burden came to him and said, "It seems that the Lord is in this matter." "Surely He is," Burden replied, "and He will carry it through to victory."

That is exactly what happened. Unlooked-for funds from various persons enabled them to pay for the property in less than six months, thus gaining an additional discount of $1,100. The final purchase price was

$38,900—"far below its original cost." The three properties, originally worth a total of $225,000, were purchased for $56,000—less than one-fourth of their original cost. In 1976 these three hospitals served a total of 45,659 patients.

In November of 1905, the Loma Linda Sanitarium and School of Nursing opened. During the first few weeks, the thirty-five Sanitarium employees, including physicians and nurses, learned that patient revenue ($16 to $25 per week per patient — which included medical care, meals, treatments twice a day, and a room) was not sufficient to meet the payroll. With strong faith to offset their deepening poverty, they cheerfully offered to work for room and board until the patronage increased. That winter there were only forty patients. But by June 30, 1906, Sanitarium accounts were over $1,000 in the black.

## A School of Medicine?

In 1906 Mrs. White again emphasized that Loma Linda was to be "not only a sanitarium, but also an educational center. With the possession of this place comes the weighty responsibility of making the work of the institution educational in character. A school is to be established here for the training of gospel medical missionary evangelists."[6]

The Loma Linda College of Evangelists opened on September 20, 1906. The calendar for the new school year, issued that summer, offered four courses: Collegiate, Nurses, Gospel Workers, and three-year Evangelistic-Medical course that included standard medical school classwork plus Bible classes. Ellen White had counseled, "The healing of the sick and the ministry of the Word are to go hand in hand."[7] At 10:00 a.m., September 20, a portion of the faculty met for morning devotions and declared school in session. But there were no lesson assignments because there were no students. However, by October 4, the remainder of the faculty and approximately thirty-five students had arrived and instruction began.

On October 23, Burden wrote Mrs. White and asked her counsel regarding the future curriculum of the college. Should they seek legal recognition as a school of medicine? Or should they seek legal recognition for a class of healer, such as the homeopath, the chiropractor, or the osteopath? Or some eclectic blend of what seemed the best in various healing methodologies? Or should they simply provide instruction for "medical evangelists," even though they would have no legal recognition and could not legally practice medicine?

At the time, Mrs. White was given no visions, no divine counsel to answer these perplexing questions. The time was not right. Perhaps there needed to be time for the faith of the believers to be strengthened. As they observed God's providential guidance in the months ahead, they would sacrifice unitedly to establish a well-equipped, properly staffed school of medicine. But when a year later Burden again asked whether the school was "simply to qualify nurses" or whether it should "embrace also the qualification for physicians," she replied, *"Physicians are to receive their education here."*[8]

In February 1908, seventeen months after the College of Evangelists opened, a local committee met in Loma Linda to study relationships between the educational institutions in southern California. It seemed obvious to them that some young people should be educated as fully accredited physicians. But the committee estimated that laboratories and other needed facilities for a medical school would cost $40,000 to $50,000—more than the original cost of the Sanitarium. When asked whether the needed facilities should be provided, Mrs. White cautioned against premature action: "The plans you suggest seem to be essential, but you need to assure yourselves that they can be safely carried. . . . If you had the talent and means to carry such responsibilities, we should be glad to see your plans carry."[9]

While Mrs. White hoped ultimately to see a well-equipped plant built in Loma Linda, she cautioned that establishing a large medical school would depend on the church members' united effort.[10] A month later she wrote, "We should not *at this time* seek to compete with worldly medical schools . . . [because] our chances of success would be small. We are not *now* prepared to carry out successfully the work of establishing large medical institutions of learning."[11]

By 1909 the College of Evangelists was offering a three-year course, but the faculty could only encourage those who wanted to take medicine to hope that their education would be accepted as equivalent to the first two years at public schools of medicine or that it would count toward graduation at Loma Linda, should it become an accredited school of medicine in the future. In September of that year, John Burden sent a letter to Mrs. White outlining the questions in the minds of faculty and students. She replied that the church should *"have a school of [its] own" to educate physicians,* that it would not be a violation of principle to obtain a charter, and that "if you can gain force and influence that will make your work more effective . . . that would be right."[12]

When, despite seemingly immovable obstacles, the decision was made to follow the counsel that "we should have our own school of medicine," church leaders changed the School's name from College of Evangelists to College of *Medical* Evangelists (CME) and secured a charter under the laws of the state of California on December 9, 1909, authorizing CME to grant degrees in the liberal arts and sciences, dentistry, and medicine.

Shortly after the charter was secured, the Pacific Union Conference, meeting at Mountain View, California, for its fifth biennial session, decided that in order to support such an ambitious enterprise, they as church officials must be satisfied that they correctly understood the counsel from Mrs. White. On January 26, 1910, a letter was placed in Mrs. White's hands. They asked "Are we to understand . . . that, according to the light you have received from the Lord, we are to establish a thoroughly equipped medical school, the graduates from which will be able to take state board examinations and become registered, qualified physicians?"[13]

## Of the Highest Order

Mrs. White's reply was delivered to them the next day: "The light given me is, We must provide that which is essential to qualify our youth who desire to be physicians so that they may intelligently fit themselves to be able to stand the examinations required to prove their efficiency as physicians. . . .

"The medical school at Loma Linda is to be of the highest order. . . ."[14]

She said further, "Whatever subjects are required as essential in the [medical] schools conducted by those not of our faith, we are to supply" to the church's youth who desire "to obtain a medical education that will enable them to pass the examinations required by law of all those who practice as regularly qualified physicians. . . ."[15]

To establish such a school would require the broad-based support of the entire church. Pastor I. H. Evans, a vice president of the General Conference, spoke enthusiastically of advancing by faith. "We have before us . . . a plain, straightforward statement from Sister White, in regard to the establishment of a medical school," he said. "There is no guess-work about it; there is no equivocation; there is no false construction that need be put upon these words. The question is, Will we follow the counsel given? . . .

". . . I can conjure up many reasons why at this time we are ill prepared to establish and operate a medical school. It is not hard for any man to say that we have not the money at hand. Any man need not be very wise to say, 'We do not know where we shall get medical men trained and qualified to take up this work.' But the question is. Will we establish this medical school, when the Lord has indicated so plainly our duty? I believe, brethren, if we step forward in the fear of God, and make an effort to establish this school, the Lord will help us, and make the way clear."[16]

## A Hearty Response

The church responded with a heart-felt enthusiasm that ensured united action in behalf of the new medical college. Even though "the rivers of difficulties were overflowing their banks," as Percy T. Magan, M.D., an early administrator at Loma Linda said, and even though none believed their financial resources or talents were sufficient for the enterprise, many believed God had shown them the time was right. They responded to His call for the few resources they had, believing He would bless and multiply. They believed He called the church to walk forward in faith.

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3. Seventh-day Adventists refrain from business and secular labor from Friday sunset to Saturday sunset according to the biblical reckoning of days: "And the evening and the morning were the first day" Gen. 1:5; and ". . . from even unto even, shall ye celebrate your sabbath" Lev. 23:32.
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## Chapter Ten

# MORE THAN DETERMINATION

Chartered December 9, 1909, as part of the College of Medical Evangelists, the infant medical school could not have been born into a colder legal climate. In 1910 the Abraham Flexner Report, financed by the Carnegie Foundation, was blasting scores of inadequate medical schools out of existence. New strict accreditation procedures graded each surviving school, and those that did not soon make the grade were likewise closed. Administrators of CME were told it would be impossible for a new, poorly equipped, church-related school of medicine to measure up to these strict standards.

"In 1910 few Seventh-day Adventists comprehended what was happening in medical education in the United States. They saw little need to pour money into the construction of classrooms, laboratories, and hospitals. Church leaders knew of many physicians who, by taking short courses, had received the M.D. degree. Furthermore, it had been possible for a young man to be trained in medicine by any physician who would act as his preceptor. Some argued that the young people should take short courses in medical evangelism, as they did in ministerial training, to prepare them for foreign-mission service.

"Therefore, when high standards of training were suddenly demanded, and when adequate laboratories and hospitals were declared essential for CME, leaders in the

North American Division [of the Church] balked at appropriating the funds called for to carry on a medical college."[1]

Two years earlier, in October of 1907, A. G. Daniells, president of the General Conference, was on his way to Loma Linda for a convention. Concerned that John Burden would commit the church to an overwhelming financial obligation, Pastor Daniells, with Professor Homer Salisbury, secretary of education for the General Conference, stopped in Chicago to see Nathan P. Colwell, M.D., secretary of the AMA Council on Medical Education. Colwell had been authorized to examine and rate medical schools and to enforce AMA requirements.

Hoping not to prejudice Colwell against Loma Linda, the two men identified themselves by name only, deliberately saying nothing about Loma Linda. They did not want to jeopardize a new denominational medical school if one should be launched. They simply asked how much it would cost to establish an acceptable medical college. Colwell outlined the requirements: a large campus; library; pharmacology and pathology laboratories; classrooms; a one-hundred-bed hospital in a poverty-stricken section of some city, to be used for clinical experience; and many specialists in each branch of medicine. In addition, they would need strong financial backing.

The two men thanked Colwell and started to leave when he stood and pointed at Daniells saying, "And you tell those people at Loma Linda . . ."

"What makes you think we are from Loma Linda?" Daniells asked.

"Because," answered Colwell, "no one but you Adventists are so foolish as to think you can build and maintain a medical college without money!"

"Well, Dr. Colwell, suppose we put it on anyway?" asked Daniells.

"You put it on," Colwell snapped back, "and we will put it off. We are not going to have any more of these fly-by-night medical schools in this country."[2]

Seventy medical schools were closed during the next few years. On December 9, 1909, the men at Loma Linda "put it on anyway." Two or three years after its incorporation, Colwell visited CME, apparently to "put it off," or at least to make a preliminary assessment of its standing with the AMA. After examining the school and conferring with its faculty, he was taken to John Burden, the institution's business manager.

His greatest concern seemed to be funding. "What is the financial backing of this school?" asked Colwell. Burden replied that the church's 110,000 members made up any deficits in the church's mission and educational programs.

"I gave him an idea of the yearly financial budget of the denomination for its world work, which seemed to be quite a surprise to him," Burden later said. He further explained how the church members had successfully supported various financial projects which had seemed, to all human appearances, doomed to failure. Burden then described the unique physical, mental, and spiritual emphasis of the church's international missionary program and said, "Will you tell me, doctor, to what school can we send our young people to equip them for this world mission work with this threefold preparation?"

Colwell replied, "There is no such school in existence."

Burden asked, "Do you propose to destroy this little medical school . . . that is in no way competing with your endowed medical colleges, but is our only means for supplying our missionary program?"

Colwell's answer was indirect. "Mr. Burden, when I took my medical course it was to become a medical missionary. . . . The medical got me, and the mission lost out." From that day on Colwell was a friend to CME. He understood its purposes, appreciated its objectives, and did all he could each year to help it achieve advanced rating.[3] But the school was not without setbacks and opposition.

In 1916, two years after the first class was graduated from the medical school, a noted midwestern medical educator, writing to Dr. Magan said, "On my way home . . .

I happened to run across one of the most prominent and influential members on [the AMA's Council on] Medical Education. He incidentally mentioned to me that the status of Loma Linda was up before the committee at this time. Remarks which he made more than justified me in reiterating what I said to you in my former letter, that the future of the Loma Linda medical school is *absolutely hopeless*. The medical profession will not tolerate such a thing as a medical college under sectarian control. . . . A medical school to meet the ideas of the medical profession must be purely scientific, standing apart from theological or sectarian control or interests. I am as certain as I am alive that the Loma Linda Sanitarium will never get any higher recognition than it gets now. . . .

"I am writing you these facts because I feel if you were convinced that I am right you would hesitate to ask poor men and women who have barely sufficient to supply themselves with the necessaries of life and seldom are able to indulge in the smallest luxuries, to invest their hard earnings in *an enterprise that has no future*."[4]

Nevertheless, the School and church administrators chose to ignore this voice of doom. After twelve years of efforts by the Loma Linda administrators and AMA councilmen, the prayers and financial sacrifices of many were blessed, and on November 16, 1922, the School of Medicine was awarded an "A" grade. The School of Medicine of CME (Loma Linda University as of 1961) has now graduated more physicians who have become medical missionaries than has any other school of medicine in the world.

Several years after the "A" grade was awarded, a physician on the faculty observed, "Elder Burden, the reason why God could use you to lead this handful of people in the 'impossible' task of establishing a medical school, was simply because you did not have brains enough to know that *it could not be done*."[5] Burden laughed and acknowledged that a truer statement was never made.

## Divine Realtor

Dr. Alfred Shryock established a medical practice in Seattle, Washington, in the year 1900. Eight years later he purchased a new home. That winter, while on vacation in southern California, he brought his family to see this new school of medicine. Because of his previous experience teaching at AMMC in Battle Creek, Shryock was invited to join the faculty of the new school. He later told his wife that he did not care to be associated with a "one-horse medical school."

However, the Shryocks made the invitation a matter of earnest prayer and asked the Lord for a sign. They proposed that if the Lord wanted them to move to Loma Linda, He would arrange for someone to buy their new home. After prayer the next morning, they listed the home for sale. Before sundown that same day, the house was sold. Shryock spent the remainder of his career on the faculty of the School of Medicine. And his son, Dr. Harold Shryock, spent his entire forty-one-year professional career teaching medical students at Loma Linda, including ten years as associate dean of the School of Medicine.

## Facilities Expanded

In order to provide clinical experience for the medical students, facilities were opened in Los Angeles in October 1913. Five years later, April 21, 1918, the Ellen G. White Memorial Hospital (now the White Memorial Medical Center) was dedicated. In 1961 the College of Medical Evangelists—then a consortium of several colleges, schools, and professional curriculums—became Loma Linda University. Its School of Medicine and School of Nursing each were located on two campuses at the time: Los Angeles (at the White Memorial Hospital) and Loma Linda. In 1962 the trustees voted to consolidate the two campuses on one campus, in Loma Linda. This decision made it necessary to expand greatly the facilities for the

School of Medicine and the School of Nursing and to build a hospital/teaching/research facility—the 516-bed (now 546-bed) Loma Linda University Medical Center.

## A School of Dentistry?

In 1939 Herbert G. Childs, Jr., D.D.S., a Los Angeles dentist, published a brochure promoting a church-operated dental school. He was considered "ahead of his time."

From 1934 to 1942 ten Seventh-day Adventist dental students had been accepted each year into Atlanta Southern Dental School and had been excused from attending classes on Saturday, which they believed to be the Sabbath. However, in 1942 Atlanta Southern Dental School was merged with Emory University, where the new administration declined to continue Sabbath observence arrangements.

Drs. John and Gerald Mitchell, practicing dentists in Atlanta, Georgia (who had been responsible for the no-Sabbath-classes agreement), now focused their attention on developing an Adventist school of dentistry. In 1943 the Mitchell brothers and a Detroit dentist, M. Webster Prince, organized the National Association of Seventh-day Adventist Dentists (NASDAD).

One of NASDAD's main objectives was to develop a church-operated professional school of dentistry. It focused pressure on church leaders, asking their support of the proposed school, but was not given much encouragement—and for good reason. The estimated cost of a dental school at Loma Linda was one million dollars. Reconstruction of the church's mission program following World War II placed demands on every dollar. A million-dollar school of dentistry was hardly a top priority.

But in 1951 the General Conference authorized the University to found a school of dentistry, to be administered on the same basis as the school of medicine. NASDAD members immediately pledged $67,800 to help establish the school. Dr. Prince was the first dean. Forty-two freshmen from across the United States enrolled in the first class, scheduled to begin in September 1953. But the facilities were meager and scattered. Students were accommodated in the basement of the clinical pathology laboratory behind the old Loma Linda hospital on the hill. They had one large room for laboratory studies and one small classroom. Dean Prince's office was in the administration building. Patients were seen across the campus in the basement of the school of medicine's pathology building. The situation was less than ideal. In 1954 plans were made for a new facility.

In September 1955, the students and faculty moved into the almost-completed dental building. In 1957, just one month before graduation ceremonies for the first class, the school was granted full accreditation. By 1975 the school was scheduling eighty thousand appointments annually for twelve thousand five hundred patients (including five thousand dental hygiene patients).

## Expansion

In 1976 the University built a new five-story addition to the school of dentistry, more than doubling its size. These expanded facilities include research laboratories, closed-circuit color television—now used extensively—210 dental chairs, and two large teaching amphitheaters, which can be combined to seat 240.

Forty-two were enrolled in the first class in 1953. The new facilities can accommodate ninety-three students in each year's class. Between 1957 and December of 1977, the school graduated eleven hundred-fifty dentists. It is recognized for the development of dental techniques that are practiced throughout the nation. Loma Linda University School of Dentistry exists today because a few Adventist dentists were persistent in their conviction that dentistry deserved a place in the healing ministry of the Seventh-day Adventist church.

Today LLU's two campuses (La Sierra College in Riverside was merged with LLU in 1967) have an annual enrollment of over 5,000, including students from as many as 80 nations. Five hundred-fifty full-time teachers form the core of the combined faculties of the University, resulting in a ratio of less than 10 students per full-time faculty member. An additional six hundred-fifty part-time and voluntary teachers, especially clinicians in the professional curriculums, bring the total to twelve hundred.

In addition to advanced degrees offered by the Schools of Medicine, Nursing, and Dentistry, and by the Division of Religion, Loma Linda University offers master's and doctoral degrees through its School of Health, Graduate School, and School of Education. It also offers two- and four-year degrees through its College of Arts and Sciences, and its Schools of Nursing, Dentistry, Education, and Allied Health Professions. The School of Allied Health Professions offers curriculums in physical therapy, occupational therapy, medical technology, radiological technology (X-ray, nuclear medicine, radiation therapy, medical diagnostic sonography, cardiovascular technology), medical record administration, dietetics (clinical and administrative), respiratory care, nurse anesthesiology, and public health science.

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*Chapter Eleven*

# INSTITUTIONS BEGAT INSTITUTIONS

Not only was the genesis of Loma Linda University extraordinary but so also were the beginnings of many other church-related medical institutions. Ellen White had written, "Our sanitariums are to be established for one object, the advancement of present truth. And they are to be so conducted that a decided impression in favor of the truth will be made on the minds of those who come to them for treatment. The conduct of the workers, from the head manager to the worker occupying the humblest position, is to tell on the side of truth. . . . We have a warning message to bear to the world, and our earnestness, our devotion to God's service, is to impress those who come to our [medical institutions]."[1]

## "No Thank You, Sir"

Just such an impression was made on Henry M. Porter, once a rider on the Pony Express, later a banker from Denver, Colorado. While visiting his daughter, a resident of Pasadena, California, he was debilitated by a serious cold. At his daughter's suggestion, Porter went to the nearby Glendale Sanitarium (now Glendale Adventist Medical Center) for hydrotherapy treatment. After the treatment Porter offered the boy who gave the treatment a dollar tip. The boy declined, saying that it would not be right to accept further payment in addition to his sanitarium earnings. Years later, while spending the winter near

San Diego, Porter again contracted a serious cold Remembering his experience in the Glendale Sanitarium he asked whether a similar institution existed nearby. He was told of the Paradise Valley Sanitarium.

## A Lasting Impression

While a patient there, every day he opened his door a crack so that, without being seen, he could watch the unfailing kindness of a student nurse feeding an old man who had Parkinson's disease. She never knew that her tender care was being observed. Porter soon recovered and returned home. In a few days he was surprised to receive a letter of apology and explanation from the Sanitarium business office and a check for forty-five cents. It seemed that the books had not balanced at the end of the week (bookkeeping was done by hand in the 1920s), and the error, traced to Porter's account, showed he had been overcharged forty-five cents.

Porter replied on February 12, 1928:

> Dear Sir: Your letter of [the] 10th with check for 45 cents received, and I thank you for it and return it to you for credit [to] your general fund. I feel I have underpaid you for all your kind and careful treatment and attention, and I owe you all a debt of gratitude for the kind consideration while with you. Mrs. Porter and I are well, and I am gaining strength daily. With our regards and best wishes to you all. Yours sincerely, [signed] H. M. Porter.

The letter was acknowledged and the account closed. Porter, however, did not consider it closed. The small examples of integrity had made a deep and lasting impression, and he wrote a second letter of gratitude on April 16, 1928. In his last paragraph he asked: "Can you give me the address of the general manager of your various corporations, as I would like to correspond with him in regard to establishing a like institution in Denver."

The correspondence and later conversations led to a gift of $330,000 by Porter and his daughter Dora Porter Mason, for the establishment of Porter Sanitarium and Hospital (now Porter Memorial Hospital) on a forty-acre tract in south Denver. Before the Sanitarium and Hospital was completed, another $50,000 was given to build a nurses' home. The Porter family continued to make frequent and substantial donations for the capital improvement of the institution. After Mr. and Mrs. Porter died, their son Will annually remembered the institution. He also left the institution over a million dollars in his will. Porter Memorial Hospital, the child of the Glendale and Paradise Valley Sanitariums, is not only a monument to the generosity of the Porter family, but a tribute to the nursing student who tenderly fed the old man, an unidentified boy's refusal of a dollar tip, the return of a forty-five-cent overpayment, and the many acts which—without thought of special notice or reward—were simply performed to reveal the kindness and compassion of the God Who causes love to grow and multiply.

## Patience, Buckets, and Puppets

In 1945 citizens of Hackettstown, New Jersey, decided to build a hospital. But initial interest dropped until 1953, when they renewed serious discussions. Two years later in May 1955, twenty-one men and women signed the instrument of incorporation for the Hackettstown Community Hospital. During 1956, the board of trustees purchased fifteen acres of land on a major thoroughfare near the center of the local population. They contacted voluntary planning agencies and studied state licensing requirements. They met with service clubs, professional societies, municipal governments, and others. They were willing to work hard to fulfill their dream. The great obstacle was lack of funds.

And then in the fall of 1967, the president of a Hackettstown bank was speaking with a Seventh-day Adventist minister when the conversation turned to the worldwide chain of church-operated hospitals. The banker had just suggested that the church build a hospital in Hackettstown when a trustee of the corporation planning to build the hospital entered the bank. The discussions that followed resulted in a major breakthrough. The hospital board invited the church's Columbia Union Conference to build and assume ownership and management of the Hackettstown Community Hospital. The Seventh-day Adventist church accepted the invitation and pledged $750,000. The cost of the proposed hospital was estimated at $4 million. Industry and commerce joined with professional groups and local residents. Within a few months they had raised $1,250,000. In May 1969, the proposed hospital received a grant of $500,000 from the United States Public Health Services.

In the summer of 1968, William H. Rossy, vice president of the hospital board, conceived a novel feature for the local fund-raising project: Operation Coin Toss. On weekends volunteers with plastic buckets were stationed along Route 46 where heavy traffic funneled through Hackettstown. The "Bucket Brigade" collected $101,000 from passing motorists. Four hundred local volunteers, sometimes dressed as accident victims, gave a total of 5,600 man-hours to Operation Coin Toss.

But by the time construction began, costs had risen from the original $4-million estimate to $6 million. The community and local governmental agencies and industries rallied. And the church, with the help of New Jersey Adventists, increased its original pledge of $750,000 to $1,250,000.

Officials at the M&M/Mars Candy Company, before deciding whether to support the Adventist-operated hospital, sent representatives to Loma Linda University to evaluate Seventh-day Adventist medical and administrative capabilities. Satisfied, the company pledged $250,000 on condition that the church control the board and operate the hospital. Two other large contributions were made with the same stipulations. The Kresge Foundation donated $100,000. The town of Hackettstown and the Warı County Freeholders pledged $100.000 each. eichhold Chemical Corporation gave $75,000; the Elas- nold Division of Amerace-Esna, $70,000; Panther Val- , Inc., $50.000; Cooke Color and Chemical, $75,000; ople's Trust of New Jersey, $42,000; Ashland Oil undation, $40,000. Daniel W. Allen, a retired dairy rmer and first president of the hospital's board of ıstees, donated $62,500, the largest amount given by e person.

Other individuals participated. One little boy gave .40 of his hard-earned cash. Three young boys conduct- a neighborhood fair that yielded a profit of $12 for e hospital fund. Two little girls staged a puppet show ich netted $1.

On August 12, 1970, ground was broken. In 1955 the iginal plans had called for a sixty-bed hospital at a cost $350.000. When opened on February 4, 1973, the new 6-bed hospital represented an investment of $7.5 mil- n. The local community had raised $2.7 million. On nuary 4, 1971, a Civic Advisory Council was formed to ntinue active local participation and to provide liaison tween the board of trustees and a broad section of the mmunity.

Today the Hackettstown Community Hospital, about o hours from New York's Manhattan Island, serves er 40.000 residents amid the rolling hills of New Jer- y's lake country. It is a tribute to men and women who d the will and energy to make a hope a reality.

## A Dentist's Dream

Dr. Herbert Taylor Huguley, a man of many interests, as a Lieutenant Commander in the United States Navy ring World War II, a concert violinist, and for thirty- ur years a dentist. A bachelor immersed in his profes- on, he was a big-hearted man, the kind who often fused to bill needy patients for his professional services. nd he had big dreams. He planned to do something ıly significant for God and humanity. He also wanted to build a memorial to his parents, both members of the Se enth-day Adventist church. Although not a member, considered himself an Adventist "at heart" and often v ited church services and the yearly Texas campmeetin in Keene, especially during his later years.

Huguley shared his dream with relatives and clo friends. He envisioned building a large Seventh-day A ventist hospital with an educational program for nurs To fulfill his dream, Huguley gave the church real esta in Dallas. At the time of his death in May 1967, t property was estimated to be worth $3-4 million. Sin money could be made available through the sale of th property, church leaders began searching for a suitable l cation for a new hospital in the Dallas-Fort Worth metr politan area.

Early in 1972, civic, business, and professional leade of Fort Worth, learning of the bequest, immediately ini ated discussions with church officials and urged them locate the institution in Fort Worth. They predicated the invitation on three important factors: "community nee availability of initial funds, and the recognized worldwi standing and competence of Seventh-day Adventists in tl health field." While legal details were delaying impleme tation of the project (until October 1974), the value the land greatly appreciated. By the time all the prope ties had been sold in early 1976, the real estate had a preciated to $7 million—double the value of nine yea earlier.

Huguley would have been pleased to see today's Hug ley Memorial Seventh-day Adventist Medical Cent named in honor of his parents. Grand-opening ceremoni for the 220-bed, $16.5-million community hospital we held February 20, 1977. Located on fifty acres of land the southern city limit of Fort Worth, Texas, on Intersta 35W, it has become the "mother" institution to eight pr viously existing smaller church-operated medical instit tions in the Southwestern Union Conference Seventh-day Adventists, and it will also be the clinic facility for the nursing and allied health educational pr rams of the nearby Southwestern Adventist College in eene.

## More Than Routine Care

In 1949 a polio epidemic struck Chicago. Hospitals ere overcrowded, and many, lacking equipment to care r the younger polio patients, referred them to the unty hospital. The Seventh-day Adventist Hinsdale Sanarium and Hospital near Chicago had a well-equipped partment of physical medicine. Its hydrotherapy facilies were uniquely suited to treat polio.

Mr. and Mrs. Eugene Kettering lived near the Sanitarm in Hinsdale, an exclusive suburb of Chicago. Eugene as the only son of a vice president of General Motors orporation, Charles F. Kettering. (The senior Ketterg's inventions have changed the American way of life. mong them are the automotive self-starter, quick-drying aints, safety glass, and ethyl gasoline.) When children of me of the Ketterings' close friends contracted polio, ey were brought to the Hinsdale Sanitarium and Hospil for care. Mrs. Kettering frequently visited her little iends. A careful observer, she saw that the children were ceiving much more than routine care. "She saw tenderess, dedication, unusual concern, . . . a firm belief in a ving God. . . . She saw nurses pray with praying mothrs and weep by the bedside of little children with weepg fathers. She watched as nurses forgot mealtimes and hanging shifts" to continue their loving attentions to their atients.[2] In time the epidemic subsided, but the experince lingered in her memory.

As a result, under the leadership and liberal support of e Ketterings, a community campaign raised over a milon dollars to completely rebuild Hinsdale Sanitarium and ospital into a modern 195-bed hospital.

## Memorial to an Ingenious Father

Years later, after Charles F. Kettering passed away, ugene and his wife decided to build a hospital as a memorial to his father. As they considered who woul have the experience and the resources to successfully ope ate a health-care institution, they immediately thought o their Adventist friends at Hinsdale. They decided to buil the institution in Kettering, Ohio (the suburb of Dayto which bore Charles's name), and to give it to the Seventh day Adventist church to be operated on the same basi as the Hinsdale Sanitarium and Hospital. Negotiation with the Sanitarium, Columbia Union Conference, an the General Conference of Seventh-day Adventists ultimately gave the church ownership and responsibility fo the new institution.

To enlist the financial support of his friends, Ketterin took three planeloads of industrialists, bankers, a physician, and leading citizens of Dayton to the Hinsdale Sanitarium and Hospital to observe the operation of representative Seventh-day Adventist hospital. When the returned to Dayton, Kettering invited his friends to meeting where he suggested enlarging the proposed hospital to 400 beds. He offered to match their gifts if the would raise $1.5 million for the project. After Ketterin spoke, the president of National Cash Register Compan and a vice president of General Motors, seconding Kettering's remarks, described the selfless service of those wh worked in Adventist hospitals around the world. I twenty minutes the group pledged $1.5 million towar construction of the hospital.

The Ketterings had originally planned to build a 10 bed facility. But a survey of community health needs— and the strong support from community leaders an friends of the Ketterings—led them to build the 400-be hospital. It was officially opened on February 16, 1964.

The Charles F. Kettering Memorial Hospital is a monument to the man who, during his lifetime, was awarde thirty-six honorary doctoral degrees and fifty-six nationa and international awards for his many accomplishment and inventions. It is also a monument to unidentifie nurses who missed their meals to care for the childre with polio—a monument to the Spirit of God who Himsel nspires every act of loving service. The now-450-bed Kettering Memorial Hospital currently represents the argest single gift to come to the denomination—$13.5 million.

Meanwhile, in Chicago, as the suburban community of Hinsdale grew, the Hinsdale Sanitarium and Hospital was no longer large enough to meet the needs of those who ought its services. So the community raised additional unds and, with a gift of $1 million from the Ketterings, expanded the Hinsdale hospital to 356 beds, and, in 1975, with additional community support, to 440 beds.

## An Educational Center

In very practical ways, Charles F. Kettering, was nterested in helping young people obtain skills, knowldge, and wisdom which would prepare them for meanngful lives. Continuing this practical interest, when Mr. nd Mrs. Eugene Kettering reserved thirty-five acres of he family estate for the proposed Kettering Memorial Hospital, they specified that it "must be an educational center as well as a medical service center, involved in preparing young people for satisfying lives of service here and in other institutions of the world."

In 1965 a corporate structure—Kettering Medical Center—was organized. The Kettering Memorial Hospital became its clinical division and the Kettering College of Medical Arts its educational division. The College opened ts doors in September 1967 to 100 students, and in 1976, nine years later, to 412. Today Kettering College of Medcal Arts offers a general liberal arts education leading to pecialized curriculums in a variety of hospital and paramedical health careers, including a physician's assistant program.

In the early 1970s, Ridgeleigh Terrace, a ten-acre wooded hill with the Kettering mansion at the summit was given to the medical center. It is used for professional meetings, continuing education conferences, and other gatherings. Another $2.5 million was given to develop a modern mental health unit. The generosity of the Kettering family continues to inspire and support expandin medical services and health care facilities.

## The Jerry L. Pettis Memorial Veterans Hospital

The 500-bed, $79,000,000 Jerry L. Pettis Memorial Veterans Hospital was dedicated in Loma Linda, Sunday September 25, 1977. It was named for Congressman Jerry L. Pettis, the first Seventh-day Adventist to become a United States Congressman. The dedication address was made by his widow, Congresswoman Shirley N. Pettis The Congressman was killed in the crash of his private plane on February 14, 1975.

Pettis was a Seventh-day Adventist minister, founder of Audio-Digest Foundation (a subsidiary of the California Medical Association), flight instructor, search and rescue pilot for the Civil Air Patrol, pilot for the Air Transport Command during World War II, professor of economics, Loma Linda University vice president for public relations and development, owner of a citrus ranch, inventor, and philanthropist. As a United States Congressman from California, Pettis worked devotedly for his district and his country. He is regarded as the primary influence in motivating the Veterans Administration to build its newest hospital in inland southern California.

The hospital is located on a thirty-four-acre site, approximately one-half mile east of Loma Linda University. It replaces the San Fernando Veterans Hospital, destroyed in February 1971 by an earthquake. The new facility will serve 310,000 veterans living in five surrounding counties. It is a dream come true for area veterans who had tried unsuccessfully for fifty years to get a hospital built. World War I veterans, suffering from the effects of poison gas and the wounds of war, had settled in the area by the hundreds. The nearest VA hospitals were in Long Beach and West Los Angeles. A VA policy of building its hospitals near medical schools prevented it from building in the area. And then in 1964, Loma Linda niversity began moving its School of Medicine from East os Angeles to consolidate in Loma Linda.

Until this time, medical students had received their asic sciences instruction in Loma Linda and their clinical xperience in Los Angeles at both the White Memorial ospital and at the Los Angeles County General Hospil. The consolidation opened the way for Loma Linda to e seriously considered as a VA hospital site. It finally ok the move of the School of Medicine, a bitterly consted court battle over another site in Los Angeles, the ersistent efforts of area veterans and several Congressen. and an earthquake, to get the hospital built in Loma inda. The story is saddened by the tragic death of Conressman Pettis, who, at the time of his fatal crash, was n an errand for the VA hospital that bears his name.

During the dedication ceremonies, United States Senaor Alan Cranston told the audience of 4,500: "The ructure you see here today is not only the most modern eterans hospital in America, but one of the most sophiscated hospitals . . . in the world."[3]

In her dedication address, Congresswoman Pettis said at she had feelings of satisfaction "because I know how uch this hospital will mean to the people it serves and ow much it meant to the man whose name it bears."[4]

John D. Chase, M.D., chief medical director for the eterans Administration spoke at the School of Medicine ommencement service May 29, 1977. Regarding the new acility he said: "This hospital would not have been erectd here except for the interest of the University and the oma Linda community. Loma Linda [University] has iven us the land on which to erect our structure. . . .

"We expect to learn from Loma Linda's dedication, nd to become stronger in many ways, both here and naonally, from our cooperative relationship.

"But I feel sure the University and its people will gain omething, too, by having an additional location for eaching and for learning. . . . Loma Linda University will ave more residents, more interns, and perhaps more edical students at some time in the future, because the new facilities will have pushed back the existing limits of its teaching load.

"The University also will gain in a nonquantitative way Patients may include some numbers of persons who may be dissimilar to the typical patients admitted to Loma Linda University Medical Center. Some will be persons whose physical or mental disabilities have been with them since a time when they carried arms for their country. Others may be socially, as well as physically, disabled—without family and friends, they come to the VA because they have no one else.

"These patients offer challenges to professional skills. And they may inspire Loma Linda University to extend the heart of its medical evangelism, as well as its educational mind.

"It is interesting, I think, that the VA and Loma Linda [University] have common philosophies of service. The worldwide medical outreach of this University, and the selfless contribution of the men and women trained, are the stuff of modern-day legend.

"But so, too, is the outreach of the Veterans Administration. . . . We care for the afflicted who come to us—not because they are our friends or customers or because we have chosen them, but because they are in need. There is compassion in our motivation, and in our performance, as there is in Loma Linda's. These outreach philosophies will be linked in a new partnership.

"This University is a reminder to society that we are a moral people living under the commandment to love God and our fellow man. . . .

"My request to those who will soon be leaving Loma Linda, and to those who remain, is a simple one:

"Keep doing what you and your predecessors have done so long and so well. We need you. We need your professional competency in patient care. We need your love of learning. But most of all, we need your dedication to helping people, your warm humanity, the continuing lesson and bright example of your love for your fellowman."[5]

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1. *Testimonies for the Church*, vol. 7, p. 97.
2. *The Story of Our Health Message*, p. 419.
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*Chapter Twelv*

# A CLOVERLEAF FOR HEALING

Today the Seventh-day Adventist health care servic reaches into seventy-eight countries and employs 41,00 people in 433 medical institutions. Loma Linda University, the educational heart of the worldwide Seventh-da Adventist health-care service, was established as a Christian institution to reveal the compassion of God through comprehensive ministry to the total physical-mental-spiritual health of the individual. Those who founded the University had little money, but they possessed a fortune i faith—faith in God and in His ability to bring hope an relief to the suffering. They believed that all human effort "to make man whole" must cooperate with and are dependent on the blessing of the Great Physician.

They believed that these "human efforts" should include using the most advanced health-promoting and lifesaving techniques and equipment, believing that God ha inspired these inventions and developments and that H means them to be used to relieve and heal His family o earth. It may seem strange to think of machines and diagnostic techniques as demonstrations of a Father's compassion, but these material gifts to modern medicine dail return men and women to the useful, productive lives the were created to live, and so help fulfill His purposes.

## Facilities at Loma Linda University

Each year Loma Linda University Medical Center ha twenty thousand admissions and almost 300,000 outpa nt visits. Its modern facilities include 656,000 square t of floor space—a little over fifteen acres—housing nical, hospital, research, and educational programs . . . our-level, 80,000-square-foot research wing with forty- laboratory areas used by investigators in the School of edicine . . . and three circular, seven-story towers built a cloverleaf formation, the dominant architectural fea- e of the 546-bed patient area. Each of the three towers a circle of patient rooms around a central nursing sta- n; thus each patient can be seen from the nurses' station. e Medical Center also includes over fifty classrooms d conference rooms and two amphitheaters used for ucational programs conducted by the School of Medi- e, the School of Nursing, and other schools of the iversity.

Attached to the backs of the chairs in one of the am- itheaters is a teleauscultation system—a listening device which students can connect their stethoscopes and hear cordings of a variety of common and rare heart sounds. nsenting patients can be monitored as well: When the tructor places his stethoscope over the patient's heart, dents can listen to the same sound through their indi- lual stethoscopes. Simultaneously, another device makes possible for them to feel the patient's pulse from their airs.

## The Use of Computers in Medicine

The Scientific Computation Facility (SCF) at Loma nda University Medical Center has developed computer ograms that help the physician in more rapid and curate diagnosis of a variety of medical problems. The mputer assists with pulmonary function analysis, electro- rdiogram analysis, radioimmunoassay (studies of hor- ones, drugs, vitamins, etc., that have been radioactively eled to determine their level of concentration in the dy), and other analyses.

To aid in medical education and research, the SCF entists have also developed a computer program that oduces electrocardiograms and vectorcardiograms that graphically picture the electrical impulses from “norma and “abnormal” hearts. The vectorcardiogram shows th path of the heart’s electrical impulse looping through th computer heart model *in three dimensions* (another SC development), thus giving the physician a top, front, ar side view of the loop. He can then compare abnorm loops with normal. And since the electrical impulses ar *mathematically produced by the computer program,* it possible for the researcher to study a much wider variet of “diseased” hearts than he would be likely to observe i his own patients.

## Computerized Body and Head Scanning

Computerized Tomography (CT) scanners are anothe helpful new development used in diagnosis. These scanners permit X-ray and computer evaluation of tissue abnormalities throughout the body and head. They ar probably the biggest breakthrough in radiology since th invention of the X-ray tube. The CT scan, whether of th body or head, is painless and causes no side effects. I provides more than a hundred times more informatio than conventional X-ray systems.

During brain studies, the CT scanner beams X-rays into the head from many different angles. As the X-rays pass through the head, they go through tissues of differen density; then the X-rays enter a “receiver” on the othe side of the head which “records” those differences in tissue density. Within sixty seconds the differences are translated by a computer into a sharp, detailed picture of th area X-rayed.

CT scanners can distinguish hard and soft tumors cysts, blood clots, injured or dead tissue, and other abnormal conditions in the brain or any other soft organ much more clearly than conventional X-ray systems. Discovering such abnormalities with the CT scanner—rather tha through exploratory surgery or other more costly diagnostic tests—reduces hospitalization and medical bills and, i so doing, may also reduce the patient’s anxiety. The ne scanners are expected to make a major impact on alth care.

## Cancer Treatment Facilities

The Medical Center houses two machines that are vital cancer treatment. The eight-ton cobalt therapy machine s a beam of radiation from a cobalt-60 source to treat ncer patients. The treatment unit is located under- und, about thirty feet below the hospital's main en- nce.

The second machine, the Betatron, produces a beam of er X-rays or electrons, as required. The beam has the rgy and intensity to penetrate and help destroy deep nors. This six-ton, 25-million-volt Betatron can pro- ce X-rays that yield twenty times the energy of the co- t beam. Its X-ray and electron beams are used for ective combinations of radiation therapy.

## Surgical Facilities

Seventeen surgical facilities serve patients in the Medi- Center: three delivery rooms in the delivery suite uipped for caesarean section and gynecological sur- y), two emergency surgery rooms, and twelve oper- ng rooms in the surgical suite. One of the operating ms, twice the usual size, is used for organ transplanta- n and open-heart surgery.

## Emergency Facilities

The Medical Center's twenty-two-bed emergency suite, h emergency surgery rooms, cardiac care unit, trauma l medical areas, and staff quarters, is also equipped to ervise the emergency care of critically ill or injured ients in the field. Using its telemetry equipment, a sician in the Medical Center can read a printout (or ch an oscilloscope) of a distant patient's electrocardio- m. Such information can be radioed from the field to the emergency suite's telemetry base station by medi personnel from various medical emergency services in t inland southern California area, including the San B nardino County Paramedic Service. (Since January 19 Loma Linda University also has been operating a pa medic training program. It is coordinated by the School Medicine.)

Loma Linda University Medical Center was the fi hospital in the nation to own and operate its own helico ter ambulance service. The University's Air Medical Se ice for transporation of the critically ill and injured w inaugurated May 22, 1972. In 1976 the University a quired two Sikorsky S-55T (turbine powered) helico ters. They serve as "flying intensive care units" and a available to all of the hospitals in the area on a twent four-hour, seven-day-a-week basis. Each helicopter c carry three litter patients, an ambulatory patient, the p lot, and a physician or air medic.

By the end of 1977, the Air Medical Service had ma one thousand emergency flights. The helicopters ha served most of the hospitals in Riverside and San Be nardino Counties and many of the hospitals in the L Angeles area. They have been as far north as Bake field and Sacramento, California, and as far east Phoenix, Arizona.

## Restoring Wholeness

The Department of Clinical Ministry/Chaplains' Se ice and chapel are located near the main lobby of t Medical Center. In the interfaith chapel, open twenty-fo hours a day for prayer and meditation, is a tile mosaic the Good Shepherd. In the Medical Center's main lob is a seven-by-eleven-foot bas-relief mural, a solid m hogany woodcarving by American sculptor Merrell Ga It portrays Christ, the Great Physician, surrounded by t major figures in the history of medicine. It was present by the Women's Auxiliary of the School of Medici Alumni Association as a gift to the University. Nearby nan's "Head of Christ," a famous artist's conception e Great Physician.

e Chaplains' Service, the chapel, the works of art, all to reflect the concern of the Great Physician. Loma a University has chosen as its motto "To Make Man le." Thus the University—and the worldwide Adven-nedical service—seeks to restore man to wholeness, in body and mind he may be a fit temple for his er. that he may more fully enjoy union with his fel-nan and communion with God.

*Chapter Thirt*

# “TO MAKE MAN WHOLE’

In making the University motto—“To Make M Whole”—a practical reality, the institution continu seeks to develop new medical, surgical, and mental he services. One such contribution to the physical and em tional needs of patients is being made by W. James Ne ery, D.D.S. (Class of 1965), a member of the Medi Center’s radiation oncology team. He works closely w cancer treatment specialists and plastic surgeons in mak maxillofacial prosthetics (artificial replacements for mi ing parts of the face). A maxillofacial prosthesis not o restores a person’s normal appearance, but it also resto him to society. Nethery is one of the few dentists in United States who has specialized in making maxillofac prostheses and who works full time in this field. His tients come from as far away as Seattle and Chica They may have been born with physical deformities they may be suffering from the effects of cancer or an cident.

Nethery makes eyes, ears, noses, once even the wh side of the face. He first makes a rough clay model of part, carving and then checking it with the patient for An ear must line up with the other ear. The nose must just right. A close relative of the patient is encouraged comment. When the prosthesis is acceptable to the tient, Nethery smoothes it, makes a mold from Linoty metal, then paints a layer of clear syrupy polyvinyl ch ride into the mold and imbeds tiny red and blue fibers imulate the capillaries and veins of normal skin. When e prosthesis hardens, it is painted with colored polyvinyl hloride to match the patient's skin. One outdoorsman omes in several times during the summer to get his ear nted to match his suntan. The prosthesis is attached to e patient with a special tape that has adhesive on both ides, so that it can be removed every night and replaced very morning.

Nethery believes that even those who have suffered nisfortune should be able to live with dignity. One of his atients was a grandmother concerned about her grandhildren's response to her. Another was an elderly gentlenan whose nose and upper lip had been removed by urgery for cancer. By making a plaster impression of the urgery scar and studying a presurgery photograph, Nethry was able to fashion a prosthesis that restored the paient to his former appearance.

## Contributions Through Research

Although Loma Linda University is perhaps best nown as an educational center for Christian physicians nd dentists, it is also known internationally in scientific nd governmental circles for its contributions to medical nd dental research. Much of this research, presented round the world in papers and scientific exhibits, deals vith the basic sciences. Such research forms building locks for future scientific breakthroughs. Most of the esearch is too technical to discuss here, but the contribuions of Drs. Jorgensen, Hon, and Judkins will illustrate he quality of research conducted by the University staff nd alumni.

## Fetal Monitoring

The fetal monitor is an instrument that significantly educes the dangers associated with child birth. It is also sed before birth to assess the condition of the fetus. The ioneer work in fetal monitoring was done by Edward H.

Hon, M.D. (Class of 1950). With an extensive background in electronics engineering, he started his research in 1955 as a member of the faculty at Yale University. He continued his research at Loma Linda University School of Medicine during 1960-64 and again at Yale, where in 1969 he developed the world's first fetal intensive care unit. Currently, he is continuing his work at the University of Southern California.

With the monitor Hon developed, monitoring the heart rate of the unborn infant is a simple procedure. The obstetrician can now hear the fetal heart rate continuously, even during labor contractions. Previously, this was not possible. In addition, the monitor enables obstetricians to measure the strength and frequency of uterine contractions. The evaluation of fetal heart rate and uterine contraction together provides information about the condition of the unborn infant and how well it is tolerating labor. This information helps prevent complications during labor and delivery which otherwise could lead to fetal damage and death.

In 1969, while still at Yale University, Hon was featured in *Life* magazine. Between 1956 and the *Life* report of 1969, he had monitored over 3,000 births, including that of his own son. Explaining monitoring and why it was such an important procedure, *Life* magazine stated: "The fetus must struggle to survive the strains and pressures being put upon it. For years attending doctors have had no reliable way—nothing better than a stethoscope—to tell precisely when the fetus was in trouble. Consequently, some five to seven infants per thousand die unexpectedly each year.

"The instant a baby gets into trouble—a squeezed umbilical cord, a compressed head or a shortage of oxygen —its heart reflects a precipitous fall on the machine's graph. Fortunately, 90% of all fetal distress is caused by umbilical cord compression. Once spotted, it can usually be relieved by simply changing the mother's position.

"When the unit . . . was tried on four hundred mothers with histories of difficult labor, the results were imressive. None of the babies died, the number of aesarean sections for fetal distress was reduced by 75%, nd the number of injured babies was cut by 50%. Hope- illy, Dr. Hon's new system could save as many as 20,000 abies a year."[1]

Fetal monitoring has become a part of good obstetrical are around the world. Where monitors are being used, tal death during labor has dropped dramatically. New- orns have been in better condition, and the likelihood of rain damage is lessened.

Much of the clinical research that formed the basis of ie design of present-day fetal monitors was done at the LU Los Angeles facility, the White Memorial Hospital, om 1960 to 1964. The data compiled during this period re of fundamental importance and laid much of the round work for subsequent research in fetal monitoring.[2]

## Dental Pain Control

Loma Linda University School of Dentistry owes much its international reputation to a technique of pain ontrol developed by Professor Niels Bjorn Jorgensen, .D.S., a specialist in local anesthesia and sedation, who ught in the School of Dentistry from 1954 to 1974. The chnique, which can be used in any branch of dentistry, volves intravenous sedation in conjunction with a local iesthetic to reduce patient apprehension and fear. This dation technique allows the patient to hear and respond itionally. While general anesthesia puts the patient to eep, the "Loma Linda University Technique" maintains ie patient's protective cough reflex and allows him to co- oerate with the dentist. The technique is unique in that ie dosage of the medication is individualized, adminis- red in small increments according to the patient's re- oonse. Jorgensen promoted the designation "Loma Linda niversity Technique" (rather than the "Jorgensen Tech- ique" as it is known by many of his peers). He was "in- lculably aided" by Forrest E. Leffingwell, M.D. (Class f 1933), who was professor and chairman of the Department of Anesthesiology at Loma Linda University Schoo of Medicine from 1956 to 1968.

Norman Trieger, D.M.D., M.D. (editor of the *Journa of Anesthesia Progress,* the official publication of th American Dental Society of Anesthesiology), referred t Jorgensen as "one of the giants in anesthesiology in dentistry, and in particular, in the education of the undergraduate student . . . [in the technique of] sedation."[3]

In March 1965, Jorgensen's teaching film, "Inferior Alveolar, Lingual and Buccal Nerve Block," won the "1s Grand Prix" award out of seventy films judged in the International Dental Film competition in Paris. In all, Jorgensen made nine films. These classics are used b schools of dentistry around the world. They have bee translated into other languages and are kept in constan circulation by the Bureau of Audio-Visual Services of th American Dental Association. Jorgensen's textbook, *Sedation, Local and General Anesthesia in Dentistry* (published in 1966), is distributed throughout the Unite States, western Europe, and South America.

Jorgensen's teaching program at Loma Linda University anticipated by at least fifteen years most of th recommendations in the "Guidelines for Teaching th Comprehensive Control of Pain and Anxiety in Dentistry," published by the American Dental Association i 1971. In 1960, Jorgensen won the prestigious Heidbrin Award, presented by the American Dental Society o Anesthesiology. And in 1966 he was awarded the Joh Mordaunt Prize, the highest honor of the British Societ for the Advancement of Anesthesiology in Dentistry being its sole recipient until his death in 1974.[4]

## Selective Coronary Arteriography

One of the major manufacturers of radiographic (X-ray and fluoroscopic) equipment has designated Loma Linda University Medical Center as a clinical development center and provides considerable engineering and research support. The Medical Center has two cardiovasular laboratories designed for the diagnosis of acquired eart disease. The largest of these, containing $750,000 in quipment, is one of the most sophisticated in the world. t brings together the ultimate in radiographic hardware: ustom-designed patient monitoring systems; the speed nd accuracy of a research prototype computer; and eams of specially trained physicians, nurses, and technol- gists. In 1976, these cardiovascular laboratories con- ucted 3,300 computer-assisted diagnostic studies of the eart and blood vessel systems.

The largest laboratory's "control room"—its walls of ials, meters, video displays, push buttons, and flashing ghts resembling the control panels in a space module—robes inner space and provides a detailed outline of the lood supply in the area of suspected abnormality or dis- ase. The diagnostic information gleaned from such tudies enables physicians to begin treatment much sooner han they could have otherwise.

Melvin P. Judkins, M.D. (Class of 1947), directed the lanning, design, and installation of these facilities. udkins, chairman of the department of radiology and irector of the cardiovascular laboratories, is recognized nternationally as an authority on radiological equipment nd on the diagnosis of coronary artery disease. The udkins Technique of Transfemoral Selective Coronary rteriography, introduced in 1966, is the world's most idely used technique for the X-ray evaluation of the lood vessels of the heart. By a series of deft maneuvers, tiny hollow plastic tube (about the diameter of the lead n a large pencil) is eased up the large artery of one of he legs, first to the aorta and then, in turn, to the left and ight coronary arteries. Colorless liquid called "contrast," njected through the tube (vascular catheter) into the oronary arteries that supply blood to the heart muscle, akes them visible on X-ray film. The patient's physician, hus able to see the exact location and extent of the dis- ase, can select the preferred method of treatment. With- ut the definitive information provided by such a study, the heart surgeon could not perform the coronary bypass which brings relief of pain and extended life to many coronary arteriosclerosis victims. (For additional examples of research being conducted at Loma Linda University, see Appendix E.)

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1. *Life*, July 25, 1969.

2. Letter from Edward H. Hon, M.D., to the author, July 1977.

3. The information about Dr. Jorgensen was presented by Jess Hayden, Jr., D.M.D, Ph.D., speaker at the First Annual Niels Bjorn Jorgensen Memorial Lecture, February 29, 1976, an annual lecture on current advances in dental anesthesiology and pain control. In addition to establishing the annual lecture in memory of Dr. Jorgensen, the Loma Linda University School of Dentistry is developing a memorial Reading Room that will contain reading materials, equipment, and memorabilia on dental anesthesiology. The combination library and museum is envisioned as a national resource for the dental profession in the field of dental pain control and anesthesiology.

4. *Ibid.*

## *Chapter Fourteen*

# HEARTS AND HANDS REACH OUT

The previous chapters outlined some of the "hardware" used at Loma Linda University Medical Center. While it s spectacular to watch flashing lights, scopes, and computer terminals as they contribute to quality patient care, a clearer revelation of God's love may be seen by watching Him work through the hands and hearts of those who seek to unite their healing ministry with His.

### A Unique Referral Center

Like other university hospitals, Loma Linda University Medical Center is equipped to give special care to the complex needs of the more critically ill or injured patient. As a university medical center, all of its active medical staff are specialists on the faculty of the School of Medicine. Because it is the only teaching-research hospital serving San Bernardino County (the largest county in area in the continental United States) and three adjoining counties, many patients, especially more serious cases, are referred to it from surrounding community hospitals. Over 50 percent of its patients are referred from outside a twenty-five-mile radius.

However, technical or academic excellence and expertise are not enough. To reveal the love of the Great Physician, those who cooperate with Him treat the whole person. They minister not only to the physical needs but—with a careful sensitivity to the feelings of each patient and his or her relatives—also to the mental, emotional, social, and spiritual needs. Such love cannot be dictated by a hospital administrative policy. It must be an individual concern of each one who cares for the patient. Because of the University's unique philosophy of treating the whole person, it is not uncommon for nurses to ask patients if they would like to have a good-night prayer. At the beginning of each day, nurses may join together in singing a hymn for their patients, and Friday-night student "Sing-Ins" entertain and encourage the patients. Students and personnel often develop close, long-lasting friendships with those they have treated.

In recent years the medical profession and other university medical centers have become more concerned about the necessity of ministry not only to the physical but also to the emotional and spiritual needs of patients. The profound effect that a spiritual atmosphere of love, compassion, faith, and hope can have on a patient's physical recovery is coming to be understood more fully. Patients appreciate such concern for their well-being, as is evidenced by excerpts from letters received by the Medical Center:

"I would like to say how much I appreciated the early morning worship singing by the staff and the prayers of the nurses in the evening."

"The Christian attitudes and atmosphere are very precious and surely must contribute to the splendid overall quality of the hospital."

"Seems as if everyone really cares about you and your health as well as your future health."

"The extra comfort of all who prayed for me made me feel like someone special. God bless you all. The chaplain was a very special comfort."

In one instance, the words of appreciation came over a southern California radio station in an editorial commentary by the station president. He said, "I recently had reason to be at the Loma Linda University Medical Center. Sunshine and I had a baby girl born there. There were some nitial complications, but everything is fine now—thanks o some fantastic people at the hospital, in the neonatal ntensive care unit. From a purely technical standpoint it s like something out of a science fiction movie. The quipment is fantastic—but money can buy any kind of equipment. What makes this unit and this incredible hospital stand out is the people. They are the kindest, gentlest, most courteous group of dedicated medical professionals I have ever run across. Everyone—from the gentleman who greets you at the front door to the top doctors and administrators in the hospital—exudes friendship and genuine concern for patients and relatives and friends there to visit. The doctors are humble, dedicated medical men. We in the Inland Empire should feel secure and proud that we are fortunate enough to have such an outstanding medical facility with such an outstanding staff."[1]

## Brownie Finds a New Friend

To Brownie, an old vaudeville song-and-dance man, God was only a faraway thought. But when he became seriously ill and was hospitalized at the Medical Center, he enjoyed the morning singing, and the evening prayers struck a responsive chord in his heart. Brownie was a sweet, sensitive person. He was greatly loved by his nurses. One day he said to one of them, "Sally, I don't know how to pray." She replied, "I just talk to God as I would to a friend. I tell Him my joys and sorrows and needs, and then I thank Him for my blessings. You can too."

Several weeks later Brownie said, smiling, "Sally, I've earned to pray and my heart is lighter." Then one day the nurses heard Brownie pray a most beautiful prayer for one of his hospital roommates who was about to undergo surgery. The nurses' hearts were touched and full of happiness, knowing that the circle of blessing would continue to widen.

## An Unexpected Visit

Hospitalized for the first time, one gentleman, though not very sick, was convinced that he was, and he acted as though he were a terminal case. A difficult patient, he continually complained and turned on his call light. Nevertheless, his nurses were kind, giving him the same loving care they gave all their patients. To their surprise, one day, months after his release, he returned. They greeted him warmly. At first he did not answer. Then he spoke with difficulty, his eyes full of tears: "I just had to come back and tell you what you all have meant to me. You have changed my whole life. I didn't know what compassion was until I came to this hospital. And since I left here, I found the Lord and dedicated my life to Him."

## Paid in Full

One evening Theda Mohr, L.V.N., was assigned to care for a woman recovering from total-knee-replacement surgery. The patient suffered from severe arthritis in her hands, feet, and large joints. Turning and positioning her resulted in agony, even with pain medication. Mrs. Mohr made a special effort to make the patient as comfortable as possible.

"When I had taken care of Mrs. Lamont* for a few days," said Mrs. Mohr, "I became more and more aware of a vague familiarity about her, even though her name was new to me. I searched my memory for some clue to her identity, some place where I could fit her into the past." Even checking Mrs. Lamont's medical records for an address (Twentynine Palms, California) did not help. Mrs. Mohr knew no one from that area.

The patient's recovery was slow, and Mrs. Mohr came to know her rather well. One day she said to Mrs. Mohr, "You've been so good to me. You hardly hurt me at all. You know, years ago I used to be a nurse, too. I just wish could take care of you sometime, the way you have ared for me."

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*Not her real name.

Mrs. Mohr smiled but thought to herself that, considerıg the patient's severe arthritis, Mrs. Lamont would kely never be able to serve as a nurse again. She simply eplied, "Well, you're just reaping some of the good care ou gave when you were nursing others. Now it's your urn to be cared for in your time of need."

One day as the two women talked, they discovered that ey both had lived in Oregon at the same time. Mrs. ohr had lived in Eugene; Mrs. Lamont had worked as n L.P.N. at the Portland Sanitarium. "What years did ou live and work in Portland?" asked Mrs. Mohr. The atient's answer took Mrs. Mohr back some thirty years. hen she recognized Mrs. Lamont.

The two women had been in an almost identical setting irty years before—only the roles had been reversed. rs. Mohr, ill with acute thyroiditis, had been hospitalzed at the Portland Sanitarium (now Portland Adventist edical Center). And Mrs. Lamont had been *her* night urse, a tall, slim, young widow, quietly changing hot acks to the neck throughout the night, urging her patient take fluids and bringing the R.N. with medication when e pain became unbearable. And Mrs. Mohr recognized her friend the same gentle, sensitive manner that was ow as familiar as her face. Mrs. Lamont's desire to repay rs. Mohr's kindness had already been paid in full.

## A Transcontinental Mercy Flight

Patients are sometimes unaware of the concern xpressed for them behind the scenes. One afternoon ree-year-old Raymond complained to his mother that he id not feel well. By 10:00 that night he was breathing ith difficulty and had a temperature of 102 degrees. His arents decided to take him to a doctor. On the way to a cal community hospital, Raymond's temperature jumped 104 degrees and he began wheezing loudly. At the hospil Raymond's physicians, thinking at first that he had a severe case of croup, put him inside an oxygen tent. Bu at 2:00 a.m. Raymond stopped breathing. The physician on call performed an emergency tracheotomy and decided to transfer him to Loma Linda University Medical Center There Raymond's illness was diagnosed as severe viral pneumonia. To aid his breathing, medical personnel connected him to a respirator and gave him the maximum safe amount of medication.

During the next week Raymond's condition worsened His physicians tried one kind of respirator after another until Raymond was using the most sophisticated respirator locally available. His physicians knew of only one other respirator that might work, a newly imported Danish model available only from a research laboratory in Rockville, Maryland. They would have to get it fast. Raymond's life depended on it.

They phoned the office of Congressman Jerry L. Pettis and asked for United States Air Force assistance. Within minutes a C-141 "Starlifter" was diverted from a training mission in South Carolina to pick up the respirator at Andrews Air Force Base near Rockville. Two hours later the respirator was on a transcontinental mercy flight, the only cargo aboard a jet transport capable of hauling 64.000 pounds of freight. The big four-engine jet touched down for only fifteen minutes and then, with 84.000 pounds of thrust, it thundered back into the sky in a race against time, heading at almost 600 miles per hour toward southern California. Just five hours later, the respirator was helping Raymond breathe. It was to be his life support for the next month and a half. During that six weeks his heart stopped beating twice. His lungs collapsed several times. He was given massive doses of medication and special nursing care twenty-four hours a day.

Although he showed signs of recovery, Raymond was unable to cope with the intense pain and he regressed psychologically. He would not walk or talk. A child psychiatrist suggested to his mother that she take care of him as though he were an infant and gradually help him learn how to be a three-year-old again. He responded encourag igly and was dismissed from the Medical Center three eeks later.

It was a rewarding drama, satisfying because of the atient's recovery. Yet perhaps more memorable and imressive was the unlimited tender concern, the profesional skills, the time and love expended on behalf of little boy by a congressman and his staff, the United tates Air Force, physicians, nurses, respiratory therapists, chnologists, aides, and other employees throughout the ledical Center who kept asking, "How's little Raymond oing today?"

On one of Raymond's worst nights, one such employee, housekeeper, tiptoed into Raymond's darkened room nd stood at the foot of his bed, unaware that the boy's other was sitting nearby. He gazed at the unconscious hild for about five minutes and said softly, "Kid, if I only ould. I'd give you my lung." But he had only one lung imself.

## Oscar's Will To Live

Little Oscar was featured in the March 3, 1974, an Bernardino *Sun-Telegram* and in the June, 1975, *eader's Digest.*[2] On April 16, 1973, a Mexican-Amerian mother brought her dying son to Loma Linda Univerty Medical Center. Oscar, though six years old, weighed nly twenty-four pounds. He was suffering from kidney ilure, heart failure, and extreme anemia. His big darkrown eyes were full of fear. Within minutes Dr. Ralph arris, the Medical Center's Pediatric kidney specialist, as organizing a medical team for Oscar. He needed a lood transfusion to counteract the anemia, medicines to ow down and stabilize his heart, and a peritoneal dialys to clean his blood (a function normally performed by e kidneys). Within ten hours, Oscar was pulled back om the brink of death. After a two-week hospitalization, scar went to his home in Indio, California, seventy miles way.

Oscar had been born with undersized kidneys. His condition had been treated by medication, diet, and fluid restriction. But only six months after he left the Medica Center his kidneys stopped functioning. Since they n longer filtered the impurities from his blood he was force to go on an artificial kidney machine. He was the youngest patient ever to undergo routine hemodialysis at Loma Linda University Medical Center.

For the next several months his mother was unable t meet his appointments. Twice he was rushed to Lom Linda in a near coma. When it became necessary for Oscar to be on the kidney machine three times a week, fou to six hours at a time, Dr. Harris suggested that Osca stay in a foster home near the Medical Center. Hi mother refused.

Several weeks later she gave in. The seventy-mile distance was too far. The family car needed repairs constantly There were five other children at home, and she could no afford a baby-sitter. With the agony known only to a mother who has given up a cherished child, Oscar' mother permitted him to become a ward of the court s that he might receive the medical care needed to kee him alive.

Oscar's nurses loved him in a special way and ofte came back to see him on their days off. But one nurse—Bonnie Porter—came back more often and stayed wit him longer. She asked if she could take full responsibilit for Oscar. Dr. Harris at first did not believe she was serious. She was a single woman. But he recognized the advantages of having an alert pediatric nurse caring fo Oscar and gave his approval.

After Bonnie was accepted as a foster parent by th state social service agency, she explained to Oscar that h needed to live near the hospital and asked if he would lik to live with her. He understood and accepted her idea Bonnie acquired some needles and a doll to help Osca adjust to the treatments. In the evenings he would pus the needles into the doll's leg and explain, "It just hurt for a little while and it'll make you feel better." Within a few weeks he could stand the injections without crying ile the large needles were being inserted, he would grip nnie's hand and grit his teeth. Afterward, he would ave a sigh of relief.

When Oscar turned seven, he was no larger than an av- ge three-year-old. Because of his kidney problem, he ighed only 32 pounds, and on his weak, wobbly legs he od only three feet tall. But he had persistence, a endly giggle, and an impish nature. Fearless, he would a stranger to bounce an enormous rubber ball to him oss the hallway of the pediatrics unit. One day he unced the ball into a doctor, caught the rebound, and bed the next shot into a patient walking by.

Almost everyone in the Medical Center knew Oscar. embers of the staff went out of their way to say hello to n. "Oscar's a great little guy," said Dr. Harris. "He's hospital mascot and he's done a lot for us." Oscar uld add his comments to medical discussions, give a nd in pushing a crib from one room to another, and try be helpful whenever he saw an opportunity.

Oscar seemed to accept his condition. He was even eerful about his dialysis treatments. During the pro- dure Oscar would wave goodbye to his blood as it wed through the clear plastic tubes toward the kidney chine. When he demanded that bystanders wish his od well, no one could refuse. In the evening he would y his favorite game, "pretend dialysis." His rabbit doll uld be the patient and he would be the doctor, care- y adjusting the real needles and syringes and tubes.

Oscar's cheerfulness and love of life infected everyone o met him. He visited every new patient on the chil- n's unit and wanted each one to be his friend. When a -year-old girl was admitted with problems similar to , he assured her that he was praying for her. "Be ve," he said. "Those needles hurt, but I know that you be brave." He brought her flowers, shared his ches, and entertained her by plucking randomly on his guitar, singing as he played.

Dr. Dale Rowland, then a pediatric resident, and Dr. rris sometimes invited Oscar to accompany them on rounds as they visited other patients. Whenever a chi was about to have blood drawn for the first time, Osc would hold the child's hand and say, "You won't need cry. I have this done to me all the time. It just hurts for minute."

A kidney transplant was Oscar's only hope for a no mal life. He and Bonnie talked about it often. Bonn asked Dr. Harris about donating one of her kidneys for transplant. But the idea was not practical. Unless the ti sue matched perfectly, the organ would be rejected.

Twice, when acceptable organs were available, Osc had kidney and urinary tract infections. His conditic made surgery risky no matter what course the physicia took. Finally, because his kidneys threatened his life ar had twice prevented transplants, the decision was made remove them at Children's Hospital of Los Angeles. week after returning home from surgery, Oscar becan listless and began breathing with difficulty. Fearing hea failure, Bonnie took him to the Medical Center eve though he protested that he was "not that sick." Medici and dialysis seemed to correct his problems, and by 10: p.m. he was sleeping comfortably. But two hours late early Tuesday morning, Oscar went into cardiac arre The medical team succeeded in shocking his heart in a steady, normal beat, a procedure that often leads recovery. But little Oscar was unconscious.

During the next few hours his heart stopped beati and was restarted a dozen times. A respirator assisted h breathing. A dialysis machine cleansed his blood and i travenous solutions enriched it. Nurses and friends li gered outside his room hoping to be needed. Among tho standing by, none had his brown skin or black hair. B one young woman's tears were nearer the surface. Osc was not her child, but Bonnie was obviously "h mother." The doctors shared anxious glances with her.

The effort to revive Oscar continued for three da Bonnie tried to communicate: "Oscar, this is Momm Squeeze my hand if you can hear me." No response. S played his favorite record over and over again in hop that he would give some sign that he heard her. But he did not. Although his heart continued to beat, on Thursday afternoon, Oscar's electroencephalogram went flat. His brain was dead. At Bonnie's request Oscar was laid in her arms. She gently rocked him to sleep for the last time, weeping softly as dozens of Oscar's hospital friends silently bade him good-bye. His nurses cried, and the doctors' eyes were misty.

"Go to sleep, baby, go to sleep," Bonnie whispered. She cradled him in her arms for three hours before he took his last breath at 4:24 that Thursday afternoon. Neither the seventy dialysis treatments he endured, nor the pain, nothing but death itself had succeeded in stifling his buoyant charm.

According to Dr. Harris, "What we learned [Oscar had been the most "conferenced" child at the Medical Center] didn't enable us to save Oscar's life, but it will help others. We learned a lot about life from Oscar, too. We learned about love and courage and the will to live."

Writing about the experience later, Chaplain M. Jerry Davis, Rel.D., said, "The plant was broken before the bud had bloomed. The problem of unfulfilled potential arouses in the heart the simple, pointed question, 'Why?' The Scriptural answer is that sorrow, suffering, sadness, and death have no place in God's plan. *They are the reason for His plan. . . .*"[3]

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*Chapter Fifteen*

# OUTREACH

Ministering to man's social needs means reaching out to serve the community. Thus, the many University outreach programs and similar programs offered by other Adventist hospitals around the world are an essential part of the healing ministry of the church's service, a demonstration of Christian brotherhood. Jesus, the supreme example, "went about doing good."[a] An institution that calls itself Christian should be expected to touch humanity with His love.

## "LUKE" Hotline Diverts Crises

Loma Linda University Kares Enough to Listen (LUKE), a twenty-four-hour-a-day crisis intervention hotline, was started in 1975. During the first year of operation it received eighteen hundred calls. And the number of people using the service steadily increases as more people learn of it.

One night an angry middle-aged man on his way to kill his estranged wife heard about LUKE on his car radio. He stopped at a pay phone and, with a loaded pistol in his belt, talked with a LUKE counselor for two hours. He then decided to deal with his anger in a more constructive way. Another time a young man was getting ready to hang himself. At the last minute he called LUKE. The counselor helped him work through his feelings of despair.

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[a] Acts 10:38.

Many people call after having taken an overdose of drugs. Counselors then dispatch immediate medical help—thus far always just in time. A local psychiatrist called LUKE and thanked the hotline counselor for saving the life of his patient.

Many people call to discuss highly personal problems. While the most common problems involve interpersonal conflicts in marriage or courtship, others call because of spiritual concerns, loss of meaning in their lives, loneliness, or financial problems. Senior citizens have called to discuss their fears of death.

Over one-third of those who called during the first year were referred to agencies in the community for help. LUKE's success has been attributed to its immediate availability and its strict anonymity. More than two hundred-fifty people have received special training as hotline counselors. Most are graduate and professional students, including all master's degree candidates in the University's marriage and family counseling program. Other hotline counselors are members of the faculty or staff at the University.

## Social Action Corps

The University's Social Action Corps (SAC) began in 1968. Two hundred seventy-five students and faculty operate four free medical clinics in the poverty pockets of communities near Loma Linda. Virtually all of these students are volunteers, receiving no pay and no class credit. Each clinic involves the services of medical, nursing, nutrition, and health education students under the supervision of volunteer faculty members. The more serious cases are referred to Loma Linda University Medical Center or to local hospitals under a special cooperative arrangement. The SAC clinics cared for 3,210 people in 1976, most of whom could afford no other type of medical care.

## Mobile Dental Clinic

The School of Dentistry operates mobile dental clinics in southern California communities for residents unable to afford dental care. The mobile clinic—a large van and home-size trailer—is fully equipped for general dentistry. In addition to community clinics, the School has operated a dental program at the Morongo Indian Reservation near Banning and conducts a continuing program of dental checkups for children at elementary schools in the Riverside, San Bernardino, and Redlands area.

## Dentistry in Mexico and Central America

Before 1966, villagers in remote areas of Mexico who had a toothache had to grin and bear it. Or just bear it. Then a twenty-man volunteer team of students and faculty from the School of Dentistry began to hold free clinics in these areas and, more recently, also in Guatemala and Honduras. The students pay their own way and get no academic credit. But they gain valuable firsthand insights into mission service. And the team never has trouble finding enough volunteers—or patients.

## Monument Valley Dental Clinic

The School of Dentistry also operates a dental clinic in picturesque Monument Valley, Utah. Students of dentistry and dental hygiene rotate there throughout the school year. The students and their supervisors also conduct field clinics among the 20,000 Navajo Indians who live in the area.

## International Heart Surgery Team

The Loma Linda University Overseas Heart Surgery Team is a highly specialized group of heart surgery experts that has performed surgery in Pakistan, India, Thailand, Taiwan, Greece, South Vietnam, and Saudi Arabia. Under codirectors Ellsworth E. Wareham, M.D.

(Class of 1942), and C. Joan Coggin, M.D. (Class of 1953), it has performed more heart surgeries in more countries than has any similar organization—475 in 1976 alone.

The plan of the heart surgery team has been to go to countries where heart surgery has rarely if ever been performed. The team includes all the specialists and technologists required for the most delicate surgery, including cardiologists, cardiac surgeons, nurses, laboratory technicians, respiratory therapists, and heart-lung machine technicians. The team takes with them all essential equipment—sutures, medications, instruments, valves, a spare electric generator—everything down to the last swab, except the operating table and patients' beds. Surgery success is equal to that in the best surgery centers in the United States.

By careful prearrangement, each member of a similar medical group from the local country works side-by-side with his or her American counterpart, learning not only the different technical skills and roles but also the teamwork required. These successful new teams have been heartily appreciated by local patients and governments.

In 1970 the team set up a heart surgery program in the 1500-bed Evangelismos Hospital in Athens, Greece. Over eight hundred patients underwent heart surgery during the first five years of the program, and the Evangelismos Hospital is now recognized as the leading center for cardiac surgery in Greece. In mid-1977 the program was averaging five surgeries per week.

Early in the development of the program, the LLU team received strong support from the Onassis Foundation for transportation of equipment and personnel. At that time discussions were launched to study the possibility of building a unique cardiac institute which would be devoted entirely to cardiac surgery. After a period of eight years, the Onassis Foundation voted to build a $10 million, one-hundred-bed cardiac surgery hospital in Athens. Drs. Coggin and Wareham were selected by the Onassis Foundation to be advisors in selection of a building site and architectural design, construction, staffing, and management of Onassis Memorial Hospital. Construction will begin in 1978.

When the hospital is built, the Onassis Foundation will look to Loma Linda University for assistance in staffing and education of personnel. In the new hospital, the program will be expanded to perform from ten to fifteen heart surgeries a week.

"Our role has been in assisting the Greeks in developing a cardiac surgery program of their own," said Dr. Wareham. "We feel highly rewarded that our goal of developing a strong, permanent heart surgery program overseas has been achieved."

In 1976 LLU team members made two trips to Saudi Arabia at the invitation of the Saudi Arabian Department of Defense. There they initiated the first heart surgery ever performed in that rapidly developing country. Patients were transported from all over Saudi Arabia by the Royal Saudi Arabian Air Force. Eighty-six surgeries were performed in four months. The Saudi Arabian program included sixty-five weeks of clinical experience for eight Saudi Arabian technician trainees at Loma Linda University Medical Center. The Saudi Arabian Minister of Defense, in appreciation for surgeries performed in his country and in recognition of those performed all over the world, presented a personal gift of $100,000 to the heart team. The money will be used to help finance future trips to underprivileged countries.

The most recent invitation to the team has come from the North African country of Morocco. Making arrangements through the regional administrative offices of the Seventh-day Adventist church in Europe, the Moroccan government has asked the team to set up a new heart surgery program in the near future.

## The China Doctor

Perhaps one of the most colorful figures in Seventh-day Adventist medicine was Harry W. Miller, M.D. A 1902 graduate of AMMC, Miller spent a half-century in China, under difficult circumstances, to improve the health of China's millions. In the preface to *China Doctor,* his biography of Miller, Dr. Raymond S. Moore said, "Here was a brilliant physician who, at twenty-three, had given up a promising instructorship and practice in one of America's medical schools for service under ominous circumstances in a suspicious, even mysterious land. . . . He turned his back on a quarter-million-dollar inheritance to live primitively with oriental people on a few cents a day. . . .

"He served his own nation broadly, including work with the American Relief Administration headed by Herbert Hoover. Jack of many trades and master of some, Harry Miller was also consulting physician to two presidents of the United States—Taft and Wilson. He treated nearly every important ruler of China from the founding of the Republic, not to mention unnumbered ambassadors, senators, and princes of invention and industry around the world. Yet he regarded these accomplishments simply as doorways to greater service—the uplift of the underprivileged, the feeding of the famished, and the tender healing of the unfortunate sick."[1]

Soon after completing his medical internship, Miller and his wife Maude, also a graduate of AMMC, left for China as medical missionaries. They were accompanied by Arthur Selmon and his wife Bertha, both of whom were also physicians, and two nurses. In those days missionaries had to pay for their own transportation. As soon as they arrived, the missionaries began learning Chinese and adopting Chinese dress and customs. Miller and Selmon even shaved their heads and grew queues—long pigtails (though they had to settle for pigtail wigs at first), much to the initial dismay of their wives.

Soon they were traveling the primitive dirt (or mud) roads through China in an oxcart, on foot, or (in later years) in a noisy old broken-down Dodge. Miller and Selmon became adept at outtalking bandits, the traveler's plague. But once, while pulling supplies down a river on a bamboo raft, bandits attacked Selmon and his coolies, wounding all of them. It was only through his coolies' loyal intervention that Selmon's life was spared.

Miller had been traveling with Selmon but had taken a shortcut while on his way to replenish their supplies. Hearing of the attack, Miller ran several miles to find Selmon in great pain with an arm injury and his Chinese helpers with gashes on their arms, sides, and faces. As quickly as he could, Miller sewed up their wounds. Just then messengers arrived with an urgent request for medical help. A missionary's wife in a nearby village was very sick. Miller was exhausted, but since Selmon was wounded, Miller decided to go alone. Before leaving, Miller told Selmon that if he did not return in twenty-four hours, Selmon and the others should travel on without him.

As it turned out, the woman's condition was not serious, and soon Miller was ready to return to his party. Delayed by slippery paths and pouring rains, he did not reach the river in time. And so, only months after his arrival in China, Miller found himself alone, wet, hungry, bone tired. As he stood wondering what to do, he was suddenly accosted by two soldiers who arrested him and marched him off to the district magistrate for questioning. Satisfied that Miller was simply trying to catch up with his partner, the magistrate gave Miller a good meal from his own table and his choicest accommodations. Although grateful, he was less than comfortable. He was surrounded by opium-smoking guests, and his eyes and nostrils stung from the fumes.

The next morning eight bearers carried Miller with great ceremony on the magistrate's private sedan chair. As the strange procession jogged across the country and through villages trying to locate Selmon, entire populations turned out to pay obeisance and to offer greetings and refreshments to the VIP in the shaded sedan chair.

Naturally Selmon was surprised and delighted when Miller's flamboyant procession caught up with him. Years later Miller traveled on a Boeing transport plane that belonged to Marshal Chang Hsueh-liang and in special trains furnished by Chiang Kai-shek, the ruler of China.

But he told friends that his most delightful journey had been his trip in the sedan chair.

Returning home was always a thrilling experience for the young missionaries. The heroism of the wives, Maude Miller and Bertha Selmon—almost completely isolated from the rest of the world—was known only to God. With all the hazards of travel—bandits, accidents, and illness—the women never knew when or even if their husbands would return.

After only seventeen months in China, Maude Miller was stricken with a mysterious disease. Nevertheless, she insisted on serving her patients at the dispensary. While her husband was on an extended trip, Maude became so weak that she could not walk. Even from her bedside, her body wasting away with a terminal illness, Maude continued ministering to her Chinese outpatients.

Finally, on March 14, 1905, the disease overwhelmed her. Grief-stricken, Miller and the Selmons followed the pine-box coffin as the mission compound's Chinese helpers carried the young woman to her grave. She was only twenty-five.

Ignoring the pleas of his parents to return to the United States, Miller plunged more deeply into his responsibilities. Without his wife, he felt helpless. His only respite and source of strength was the time he spent in prayer from day to day beside the mound of dirt where Maude was buried.

Before long Miller was making new plans. He worked alone for two years as physician, printer, teacher, cook, administrator, builder, author, editor, businessman, and researcher. Eventually Miller returned to the United States for a time and became the medical director of the Washington Sanitarium [now Washington Adventist Hospital] near Washington, D.C. There he treated some of the nation's political leaders. He gave back to the hospital all of his fees, up to $50,000 a year, to supplement the institution's charity budget. But the call of China was overpowering.

While in the States, Miller had remarried. He and his second wife, Marie, returned to China and built a new sanitarium in Shanghai. There Miller and his fellow workers reached the most influential Chinese. One of Miller's patients was Madame Soong, the wife of Soong Yao Ju (known in America as Charles Jones Soong), one of the most influential Chinese at that time. Madame Soong helped Miller start a Seventh-day Adventist publishing house on the Soong compound. One of the Soong daughters, an intelligent girl named Mei-ling, loved to play in the yard of the publishing house. She later married an army officer named Chiang Kai-shek.

Not satisfied with the extent of his labors, Miller wanted to push into the wilds of Manchuria and Mongolia. While soliciting funds for a new hospital, Miller was called before "the Young Marshal," Chang Hsueh-liang, ruler of Manchuria. "How much money do you need?" asked the Marshal.

"Thirty thousand dollars," came the cautious reply The Young Marshal responded by giving Miller $100,000 *and* all the land he wanted in the large, beautiful memorial park in Mukden, the capital of Manchuria where, until that time, no building had been permitted.

Although generous and concerned about the health o his people, the Young Marshal was an opium addict. His condition deteriorated until his aides feared for his life They called in Dr. Miller and asked him to administer his famous opium cure. Miller agreed, on condition that he have absolute authority over and above any command issued by the Young Marshal or his aides during the treatment. It was a wise arrangement, because at one point during the long, painful ordeal, the Young Marshal ordered Miller's execution by firing squad. "This means we are making progress," replied Miller.

The Young Marshal recovered fully. In gratitude, he presented Miller with a check for $50,000, in addition to the small Sanitarium fee for the opium cure. At the time Miller's salary was only $25 a week, but he used the check to build a new hospital at Lanchow. Some time later the Young Marshal built a Seventh-day Adventis

Sanitarium in Hankow, providing the land, funds for building the sanitarium, and an operating subsidy. Generalissimo Chiang Kai-shek added $100,000 to the fund. Later Madame Chiang Kai-shek built a $20,000 residence on the grounds, where she stayed when she came for treatments.

Over the years Miller established twenty hospitals in the Far East including eighteen in what is now Communist China (still in operation, "under new management," as Miller put it) and two in Hong Kong. The "China Doctor" was known in the Far East as "the White Chinaman."

On two occasions Miller held China's balance of power in his hands—once as an intermediary between Generalissimo Chiang Kai-shek and his kidnapper, the Young Marshal. And on several occasions, during the Japanese invasion, Miller was an intercessor for the Chinese and saved thousands of lives. Once, twenty thousand Chinese refugees found sanctuary inside the American compound of the Wuhan Sanitarium and Hospital. Miller had painted the Stars and Stripes across the roof of the Sanitarium and the nearby Hankow clinic. Thus they survived more than four hundred Japanese air raids.

On March 26, 1956, Miller was decorated with Nationalist China's highest honor, the Order of the Brilliant Blue Star, by President Chiang Kai-shek himself. The award can be compared with the United States Congressional Medal of Honor.

But perhaps Miller's most notable achievement was in the field of nutrition. Because of his instruction under John Harvey Kellogg, M.D., at AMMC, Miller had always been interested in prevention as well as cure. When he saw thousands of Chinese mothers every year losing their babies because of allergies and nutritional deficiencies, he felt compelled to do something. He soon developed a kind of milk from the soybean, a nonallergenic, high-protein drink ideal for babies as well as for adults. Miller invented the process and machinery for creating "soy milk," which was eventually approved by the American Medical Association. Today "soy milk" benefits thousands of babies around the world.

During his half-century of service in the Far East, Harry Miller experienced a broad spectrum of Chinese life. H once lived in a Manchu "beggar's den" in Sinyang—a three-walled hut open to rain, mosquitos, and lice. He wa apparently comfortable anywhere. He could perform delicate emergency surgery in the middle of a field to preven bugs and leaves from falling on his surgery "theater."

Miller was recognized as one of the leading goite specialists in the world and is credited with performin more thyroidectomies than any other surgeon. By eliminating digitalis as the standard drug therapy, he facilitate the reduction of fatalities of postoperative thyroid patient from over fifty percent to less than one percent.

Miller's famous patients included inventor Alexande Graham Bell; U. S. Secretary of State William Jennin Bryan; the wife of the first President of the Republic o China, Madame Sun Yat-sen; the Young Marshal Chan Hsueh-liang, the ruler of Manchuria; Premier Wan Ching-wei; the President of Nationalist China, Generalissimo Chiang Kai-shek; Madame Chiang Kai-shek; an United States Presidents William Howard Taft an Woodrow Wilson. His medical ministry carried him a over the world. It was one of the widest ranging, most significant medical practices in history. Clarence Hall, Senio Editor of *Reader's Digest*, compared Miller with Davi Livingstone "whose dedicated skills indelibly marked th maps with Christian humanitarianism throughout th world's far places."[2] Philanthropist, research scientist, nutritionist, diplomat, physician to peasants and president Dr. Harry W. Miller died on January 1, 1977, at the ag of ninety-seven.

## Legacy

The church in its philosophy and practice of th healing arts has inherited a rich legacy from the inspire health counsels of Scripture and Ellen White; from th example and faith of the early Advent believers; from the innovative genius of physicians like John Harvey Kellogg, Harry Miller, and their colleagues, who blazed a trail through a wilderness of medical folklore and quackery; and from the discoveries of medical science.

Most of the health professionals who staff the church's 433 medical institutions are graduates of the church's worldwide educational system. These health professionals also provide community health services, such as the popular "Five-day Plan to Stop Smoking." They serve not only in the states but also on every continent—from America, Asia, and Australia to Zaire, Zululand, and Zurich . . . from simmering jungles to frigid tundra. They serve in hospitals, clinics, leprosariums, schools, villages, cities . . . as nurses, health educators, teachers, administrators, technicians, dentists, physicians . . . traveling by car, riverboat, amphibian aircraft, private plane, motorcycle, bicycle, even afoot. Knowing the struggles of the Adventist pioneers, they strive to equal their resourcefulness and determination. They seek to share God's loving plan to restore man to total health. Some have shared at the cost of their own lives, counting it a small sacrifice beside that of the Great Physician who left heaven and came to earth to make man whole.

## An Unbeatable Combination

On September 5, 1866, the first Seventh-day Adventist health-care facility, the Western Health Reform Institute (later Battle Creek Sanitarium) opened to the public.

On September 5, 1966, the president of the United States, Lyndon B. Johnson, and the president of the American Medical Association, Charles L. Hudson, M.D., met in Battle Creek, Michigan. There they participated in the centennial celebration commemorating one hundred years of Seventh-day Adventist medical emphasis. On that day Hudson delivered a speech entitled "Medicine and Religion, an Unbeatable Combination."

Ironically, it had been this combination of medicine and religion that nearly had prevented the founding of t church-operated medical school. The school's leaders h been told that the AMA was not prepared to recognize church-operated school of medicine nor to accept no principles of service in place of proper facilities for medical school. Yet those struggling to establish t school found in Scripture those general counsels and, the messages given through Ellen White, those timely a specific counsels that gave them the faith to overcome e ery obstacle. George I. Butler, longtime president of t church, attributed the success of the organization and i medical work to following these instructions. He wro "We have found in a long, varied, and in some instanc sad experience the value of their counsel. When we ha heeded them, we have prospered. When we have slight them, we have suffered a great loss."[3]

Ellen White herself, speaking of the results of followi God's counsels, said, "In reviewing our past history . . . can say, Praise God! As I see what the Lord has wroug I am filled with astonishment, and with confidence Christ as leader. We have nothing to fear for the futu except as we shall forget the way the Lord has led us . in our past history."[4]

In a way, the Legacy is a beginning. The book en here, but the story continues. Thousands of men a women around the world, this very moment . . .

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3. *Review and Herald*, August 14, 1883. (See also *Li Sketches*, pp. 194-95.)
4. *Life Sketches*, p. 196.

# ‘COME NOW, AND LET US REASON TOGETHER”

Seventh-day Adventists share with Christians everywhere a belief in the doctrines of the Bible. And they seek to ollow the apostle Paul's advice to “be ready always to give an answer to every man that asketh you a reason of the hope that is in you.”[a]

Dr. J. E. Brown was once asked why he had not included Seventh-day Adventists in his book on cults. He eplied: “On all the cardinal doctrines of the Bible—the Miraculous Conception, the Virgin Birth, the Crucifixion, Resurrection and Ascension, the Deity of Christ, the Atonement of Christ, and the Second Coming, the Peronality of the Holy Spirit, and the Infallible Bible, the Seventh-Day Adventist rings as true as steel.”[1]

Although Seventh-day Adventists share the above docrines with most Christian churches, they also see in their eachings a continuation of the Protestant Reformation, a estoration of the Gospel to its original apostolic purity, and a reillumination of the teachings of Scripture (especially those forgotten or tarnished during the centuries when Christianity struggled to resist the inroads of uncriptural traditions).

Seventh-day Adventists are conservative evangelical Christians numbering 2,800,000; or 3,365,000 including their unbaptized children. Many have asked, “Just who are Seventh-day Adventists and what do they believe?” In particular, they wonder why such a large group of Ch tians "keep Saturday for Sunday." Two major doctrine the Seventh-day Adventist church are conspicuously hibited in its name. To understand their position on Seventh-day Sabbath, one must first understand the ventists' high regard for Scripture as the only uner rule of faith and practice, their method of Bible study, a the different kinds of law recorded in the Bible.

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[a] 1 Pet. 3:15.

## The Sacred Scriptures

Seventh-day Adventists believe that "all Scriptur given by inspiration of God, and is profitable for doctri for reproof, for correction, for instruction in righteo ness";[b] and that "holy men of God . . . were moved the Holy Ghost"[c] to write the truths which God revea to them.

The validity of the Bible's claim to be the inspired, fallible Word of God rests on such evidences as:

. . . *its authenticity as a historical document.* Its curacy is confirmed by both ancient history and mod archeological discoveries of cities and customs descri in Scripture.

. . . *its enduring nature.* It has survived repeated forts over the centuries to destroy it.

. . . *its prophetic accuracy.* Though written thousa of years in advance, the prophecies of Scripture h come true (or are now being fulfilled).

. . . *its unity.* Though some forty prophets wrote sixty-six books of the Bible over a 1600-year period, t wrote with one voice, inspired by One Author. Christ, apostles, and the early Christian church shared one c mon faith, one common view of truth.

. . . *the testimony of Jesus.* In the New Testame Jesus pointed out that the Old Testament Script prophesied many centuries before His birth the details

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[b] 2 Tim. 3:16.
[c] 2 Pet. 1:21.
[d] John 5:39, 46; Luke 24:27, 44.

His life on earth. He did not regard the Scriptures as a collection of myths or historical legends.[e] Rather, he regarded the Scriptures as divine truth which would enable His followers to live a life like His, a life which revealed God's glory, His goodness, grace, and mercy.[f]

. . . *its life-changing power.* Seventh-day Adventists believe that it *does* matter what one believes—that beliefs mold character, conduct, and relationships with God and man. So they diligently study the Bible to prevent human opinion or "private interpretation"[g] from giving them distorted views of Christ, the Gospel, or the work of the Holy Spirit.[h]

Many Adventists enjoy searching the Scripture for themselves—studying a specific topic, reading verse by verse, proceeding no faster than the meaning unfolds clearly. They find that one of the best ways to locate all the Scriptures on a particular topic is to use a concordance, preferably an unabridged version which lists in alphabetical order and by subject almost every verse in the Bible.

This simple method of Bible study—comparing all related Scriptures on a particular topic—takes time and prayerful thought. Yet it is the method which has led to every major advance in the history of Christian thought, every rediscovery of neglected truth. This method also helped form the teachings of the Seventh-day Adventist church.[2] The serious student of Scripture, using this method, finds the most persuasive evidence of all that the Bible is God's Word; he finds a loving Saviour who changes his life and gives him peace, happiness, and hope.

## Different Kinds of Law

Distinctly different laws were recorded in Scripture: the moral law of God before sin entered, of which sin was a transgression; the ceremonial law, the law that sin mad necessary because it regulated the sacrifices and gifts o fered for sin; the laws of health, cleanliness, sanitatio and quarantine; and the civil laws, the civic duties of ci izens in God's nation while it was under His direct a thority. And the Jews referred to the first five books o the Bible as "the law."

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[e] Matt. 24:37-42.

[f] John 17:17-24; Pss. 119:9, 11, 104-105, 130; Exod. 33:18-19.

[g] 2 Pet. 1:20; 3:16, 17.

[h] 2 Cor. 11:1-4, 13-15; 1 Tim. 4:1; Gal. 1:6-8.

## The Ten Commandments

Seventh-day Adventists believe that the moral law i God's standard of judgment and right living for all ma kind; that it is rooted in love and is a revelation of God' character. They believe that its unchangeable precepts ar binding on all men in all ages and that obedience is a re sponse to God's eternal love and gift of salvation.

God's moral law was reiterated in the Ten Comman ments to the children of Israel on Mt. Sinai, but it has al ways existed. "Sin is the transgression of the law."[i] Fo "by the law is the knowledge of sin."[j] " . . . where n law is, there is no transgression."[k] Paul "had not know sin, but by the law."[l] Before the Ten Commandment were given to the children of Israel, Adam sinned.[m] An Abraham was blessed because he obeyed "my [God's commandments."[n] Apparently the Word of God wa passed from father to son from Eden until the time o Moses, because Scriptural evidence shows that each of th Ten Commandments were known by mankind *before* the were written on the tables of stone by the finger of God.

For example, Cain killed Abel[o] and thus broke th

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i. 1 John 3:4.
j. Rom. 3:20.
k. Rom. 4:15.
l. Rom. 7:7.
m. Isa. 43:27.
n. Gen. 26:4-5; Hos. 6:7, margin.
o. Gen. 4:8.

sixth commandment.[p] And God indicted him[q] and punished him[r] for it. Committing adultery is breaking the seventh commandment.[s] Joseph refused to lie with Potiphar's wife, asking, "how then can I do this great wickedness, and sin against God?"[t]

## The Sabbath Commandment

The Sabbath of the moral law was given to man before sin and therefore bore no relation to the ceremonies, or rituals, connected with the remedial system of sacrifice which pointed toward the sacrifice of the Lamb of God, Jesus Christ. (Christ died on the very day and at the very hour the priests in Jerusalem's temple were sacrificing the Passover lamb. This was no coincidence. It was another fulfillment of Bible prophecy.)

Moses spoke of the seventh-day Sabbath before receiving the Ten Commandments. This is documented in Exodus 16. About two and a half months after the Exodus from Egypt, the children of Israel were in the Wilderness of Sin between Elim and Sinai (where they were given the Ten Commandments). They were sent "bread from heaven,"[u] "manna, a small round thing."[v] "It was like coriander seed, white; and the taste of it was like wafers made with honey."[w]

"This is the bread which the Lord hath given you to eat," said Moses.[x] "They gathered every man according to his eating."[y] If they kept it overnight, "it bred worms, and stank."[z] But "on the sixth day they gathered twice much,"[a] "which the Lord hath said . . . to be kept un the morning."[b] "And it did not stink, neither was the any worm therein."[c]

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[p] Exod. 20:13.
[q] Gen. 4:11.
[r] Gen. 4:12, 13.
[s] Exod. 20:14.
[t] Gen. 39:9.
[u] Exod. 16:4.
[v] Exod. 16:14, 15.
[w] Exod. 16:31.
[x] Exod. 16:15.
[y] Exod. 16:18.

"Six days ye shall gather it; but on the seventh da *which is the sabbath*, in it there shall be none."[d] So people went out on the seventh day and found manna.[e]

Seven times in Exodus 16, the terms "seventh day" a "sabbath" are used interchangeably. To teach the sacre ness of this holy day, God wrought a threefold miracle e ery week for forty years.[f] He reiterated His law to t children of Israel on Mount Sinai because he was deali with a horde of undisciplined, oppressed, suddenly-libe ated slaves. He re-established His commandments in most spectacular way by inscribing them on tables stone with His own finger while His people "saw t thunderings, and the lightnings, and the noise of t trumpet, and the mountain smoking."[g]

The seventh-day Sabbath is an eternal sign of Go power as Creator and Redeemer, and it was "made f man"[h] at the creation of the world.[i] It is a memorial God's creative power. "For in six days the Lord ma heaven and earth, the sea, and all that in them is, a rested the seventh day: wherefore the Lord blessed t sabbath day and hallowed it."[j]

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[z] Exod. 16:20.
[a] Exod. 16:22.
[b] Exod. 16:23.
[c] Exod. 16:24.
[d] Exod. 16:26. (Italics added.)
[e] Exod. 16:27.
[f] Josh. 5:6, 12.
[g] Exod. 20:18.
[h] Mark 2:27.
[i] Gen. 2:1-3.
[j] Exod. 20:11.

## Sabbath—The Lord's Day

Seventh-day Adventists believe that the term "Lord's day," mentioned only once in Scripture,[k] was the seventh-day Sabbath. John himself, the author of the term "Lord's day," did not specify which day is the Lord's day. He did, however, call the day of Christ's resurrection "the first day of the week."[l]

Both Old and New Testaments identify the Sabbath as the Lord's day. ". . . the seventh day is the sabbath *of the Lord* thy God."[m] The Sabbath is also called "the holy *of the Lord*," and "my holy day,"[n] and Jesus claims to be *Lord* of the Sabbath.[o]

## Sabbath Observance Continues

The activities of the first Sabbath *after* Christ's death are significant. "And the women also, which came with him from Galilee, followed after, and beheld the sepulchre, and how his body was laid. And they returned, and prepared spices and ointments; *and rested the sabbath day according to the commandment.*"[p] Luke, writing of the event years later, specifically mentions three consecutive days: "the preparation day," "the sabbath," and "the first day of the week."[q]

Did Christ abolish the law? "Think not that I am come to destroy the law, or the prophets," He said, "but to fulfil."[r] Isaiah said that the Messiah would "magnify the law, and make it honourable."[s] Christ Himself said, "Till heaven and earth pass, one jot [smallest letter of the Hebrew alphabet] or one tittle [a minute detail of vario Hebrew letters] shall in no wise pass from the law. And David said that all of the commandments “stand fa for ever and ever.”[u] God, Himself said to David, “M covenant will I not break, nor alter the thing that is go out of my lips.”[v] “For I am the Lord, I change not.”[w]

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[k] Rev. 1:10.
[l] John 20:1.
[m] Exod. 20:10. (Italics added.)
[n] Isa. 58:13.
[o] Matt. 12:8; Mark 2:28; Luke 6:5. (Italics added.)
[p] Luke 23:55-56. (Italics added.)
[q] Luke 23:54; 24:1.
[r] Matt. 5:17.
[s] Isa. 42:21.

## From Sabbath to Sunday

Evidence suggests that early Christians began observi Sunday because of a strong love for Jesus Christ. The b headed Justin Martyr, for example, who willingly died f Christ’s sake in the middle of the second century, had o served Sunday.

In general, Christians of the second and third centuri who kept Sunday referred to the biblical fact that Jes rose from the dead on the first day of the week as tl main reason for observing Sunday. And there is anoth reason.

By Christ’s time, the weekly Sabbath had been tainte He labored to rid the Sabbath of its burdensome trac tions and to restore it as a day of joy and delight.[x] “Ir some restrictions had been loaded on the people . . nearly a thousand years after Moses’ time. It was the traditions that Jesus had scathingly condemned (Matthe 15:1-13).”[3]

“This legalistic system reduced religion to a matter form and banished the spirit of true worship and obe ence, without which a man serves God in vain (see Jo 4:23, 24; cf. Mark 7:7).”[4] These man-made restrictio did not belong to God’s Sabbath.

Because the beauty of the Bible Sabbath had be

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[t] Matt. 5:18.
[u] Ps. 111:7, 8.
[v] Ps. 89:34.
[w] Mal. 3:6.
[x] Matt. 5:17-19; 12:1-12.

tainted, according to C. Mervyn Maxwell, Ph.D., SDA church historian, "those Christians who gave up the Sabbath (many did not give it up and others kept both days) did not abandon the Sabbath of the Ten Commandments but the Sabbath of contemporary legalism. Sunday, with its joyous resurrection, seemed a vastly superior memorial of their Saviour's love.

"If we are going to draw our conclusions from the clearest evidence available, it seems that we shall have to say that those second- and third-century Christians who preferred Sunday to the Sabbath did so largely because they loved the Lord and thought that Sundaykeeping honored His memory."[5]

During the sixteenth century Reformation, however, Sundaykeeping was challenged by those who questioned tradition and were determined to follow Scripture. Paul had taught that *baptism was to be a memorial of Christ's resurrection.*[y] Sabbatarians such as Andreas Fischer and Oswald Glait insisted that the Sabbath should not be confused with the ceremonial law because it was sanctified by God at Creation week before mankind needed a ceremonial law and therefore belongs to the unchangeable moral law. And they, too, died for their faith.[6]

## The Protestant Dilemma

Dr. Edward T. Hiscox, author of the *Baptist Manual,* spoke to a New York ministers' conference on November 13, 1893: "There was and is a commandment to keep holy the Sabbath day, but that Sabbath was not Sunday. . . . There is no Scriptural evidence of the change of the Sabbath institution from the seventh to the first day of the week.

". . . this Sabbath question . . . is the gravest and most perplexing question connected with Christian institutions . . . and the only reason that it is not a more di turbing element in Christian thought and in religio discussions, is because the Christian world has settl down content on the conviction that somehow a transfe ence has taken place at the beginning of the Christian history. . . .

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[y] Rom. 6:4-5; Col. 2:12.

“To me it seems unaccountable that Jesus, during thre years . . . with His disciples, often conversing with the upon the Sabbath question, . . . never alluded to an transference of the day; also, that during forty days of Hi resurrection life, no such thing was intimated.”[7]

In *From Sabbath to Sunday,* Carlyle B. Hayne documents similar statements from clergymen of the Co gregationalist, Methodist, Episcopal, Presbyterian, Lutheran, Protestant Episcopal churches and the Church o England.[8]

In 1966 Dr. Ernest R. Palen, for thirty years ministe of New York's Middle Collegiate Church, proposed tha Protestants and Catholics join the Jews in observing Saturday instead of Sunday in a step toward religious unity “It should not be too great a break for us,” he said, “t observe the same Sabbath day that Jesus himself observed.”[9]

A spokesman for the National Council of Churches replied that “the loss of the traditional Sunday as a day o worship would not be catastrophic and might be healthy. He emphasized that Sunday was not “sacrosanct,” an pointed out that both Seventh-day Adventists and Seventh-day Baptists observe the Sabbath on Saturday “ ‘Sunday was picked rather arbitrarily,’ he explained.”[10]

Ten years later, in 1976, *Christianity Today*—one o America's leading evangelical magazines—also propose that Saturday become a national day of rest. In an editorial, Harold Lindsell said, “For Protestants and Catholics it should prove no theological hardship: . . . there i nothing in Scripture that requires us to keep Sunda rather than Saturday as a holy day. . . .”[11]

The Sabbath was made for man[z] before he sinned.[a] It was instituted in Eden thousands of years before there was a Jew. Jesus was our example.[b] He kept the Sabbath[c] and stated, "If any man serve me, let him follow me."[d] Paul, the apostle to the Gentiles, while preaching on grace and the resurrection of Christ, held his services on the Sabbath day.[e] It was "his manner" to worship on Sabbath, just as it was Christ's "custom." The book of Acts records eighty-four Sabbaths on which the apostle Paul and his associates held religious services up to twenty-three years *after* Christ's resurrection.

Jesus Himself spoke of the Sabbath of the future when warning about the destruction of Jerusalem, which took place in A.D. 70. "But pray ye that your flight be not in the winter, neither on the sabbath day."[f]

Seventh-day Adventists consider the Sabbath to be a release from the secular activities of the working week. They observe the ancient Sabbath of Creation week, the day on which God Himself rested as an example, the day He sanctified and blessed, the day observed by God's chosen people, and the day observed by Christ and His followers.

They do not observe Sabbath as an act of penitence or to earn merit, but as a memorial to God's creative and re-creative power and as a foretaste of fellowship with Christ and His followers in the new earth. Isaiah tells of the Sabbaths there: "And it shall come to pass, that . . . from one sabbath to another, shall all flesh come to worship before me, saith the Lord."[g]

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z. Mark 2:27.
a. Gen. 2:1-3.
b. 1 Pet. 2:21.
c. Luke 4:16.
d. John 12:26.
e. Acts 13:14, 42-44; 16:13; 17:2-4; 18:4, 11.
f. Matt. 24:20.
g. Isa. 66:23.

## The Second Coming: Door to Heaven

The Second Coming is the other major doctrine exhibited in the name Seventh-day Adventist. An “adventist” is one who anticipates the Advent or Coming o Christ. By this definition, Enoch was clearly an adventis “And Enoch also, the seventh from Adam, prophesied o these, saying, Behold, the Lord cometh with ten thousand of his saints.”[h] Other Old Testament adventists include Job, David, Isaiah, Jeremiah, Ezekiel, Daniel, Joel, Mica and Malachi. Anticipation of the Advent was the them of most of the Old Testament prophets and is the dominant theme throughout the Old Testament.

Probably the most prominent New Testament adventis (except for Christ Himself) was the apostle Paul, wh many times referred to the Second Advent in his writings “For the Lord himself shall descend from heaven”[i]; an “. . . that blessed hope, and the glorious appearing of th great God and our Saviour Jesus Christ.”[j]

And Christ Himself promised to return: “I will com again, and receive you unto myself; that where I am there ye may be also.”[k] As Jesus was ascending t heaven, angels appeared to the astonished disciples an described the Second Coming: “This same Jesus, which i taken up from you into heaven, shall so come in lik manner as ye have seen him go into heaven.”[l] At th Second Advent He will not come secretly; “every eye sha see him.”[m] Those who have waited for Him will “rejoice i his salvation.”[n] Christ will bring all of the holy angel with him;[o] the dead in Christ will be raised to life—resurrected; the righteous who are already alive will b

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h. Jude 14.
i 1 Thes. 4:16.
j. Titus 2:13.
k. John 14:3.
l. Acts 1:11.
m. Rev. 1:7.
n. Isa. 25:9.
o. Matt. 25:31.

changed from mortal to immortal;[p] and He will take those who believe in Him to the place He has prepared according to His promise.[q]

## Heaven and the New Earth

Jesus said that He would "go and prepare a place" for His people.[r] In Scripture it is called "a city which hath foundations, whose builder and maker is God."[s] And God will also create a new earth: "For, behold, I create . . . *a new earth*: and the former shall not be remembered, . . ."[t] The holy city, the new Jerusalem, is located in heaven;[u] but it will come down to the new earth in the future at the end of the 1,000 years of Revelation 20.[v] It is a city where "there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain."[w]

## A Living Faith

God would have all to be saved. He is "not willing that any should perish, but that all should come to repentance."[x] There is salvation for all believers by faith in Jesus Christ; the revelation of His life and teachings and by His death. For "there is none other name under heaven given among men, whereby we must be saved."[y] He "was made a little lower than the angels . . . that he by the grace of God should taste death for every man."[z]

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[p] 1 Thes. 4:17; 1 Cor. 15:52-53.
[q] John 14:1-3.
[r] John 14:1-3.
[s] Heb. 11:10.
[t] Isa. 65:17. (Italics added.)
[u] Rev. 21:2.
[v] Rev. 20:2-4; 21:2.
[w] Rev. 21:4-5; see also Isa. 65:19.
[x] 2 Pet. 3:9.
[y] Acts 4:12.
[z] Heb. 2:9.

We are reconciled, redeemed, justified, and cleansed b His blood.[a] "So Christ was once offered to bear the si of many; and unto them that look for him shall he appe the second time without sin unto salvation."[b]

There is nothing mankind can do to earn salvation. I was purchased on Calvary by the *"precious blood o Christ."*[c] *"For by grace are ye saved through faith; an that not of yourselves: it is the gift of God: Not o works, lest any man should boast."*[d]

Works of obedience to God's law, good deeds, sacrificing something for another's good, prayers, sabbathkeeping; none of these can save. Works are not the means o salvation; they are the result. Man is not saved *by* goo works. He is saved *for* good works. The apostle Jame said it this way: "I will shew thee my faith by m works."[e] Abraham's offering of Isaac upon the altar (hi "works") demonstrated his faith, "and by works was fait made perfect."[f] "Faith without works is dead also." Christ said that good works were to "glorify your Fathe which is in heaven."[h]

## Salvation in Perspective

The cross of Jesus on Calvary is God's symbol of salvation. It reveals the love of God. It was here that Deit met and embraced all humanity in the divine-human person of Christ. "For God so loved the world, that he gav his only begotten Son, that whosoever believeth in hi should not perish, but have everlasting life."[i] The Saviou left heaven and came to dwell with and in humanity to re

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a. Rom. 5:10; 2 Cor. 5:19; Col. 1:14; Rom. 5:9; 1 John 1:7.
b. Heb. 9:28.
c. 1 Pet. 1:18-19 (Italics added.)
d. Eph. 2:8-9 (Italics added.)
e. James 2:18.
f. James 2:22.
g. James 2:26.
h. Matt. 5:16.
i. John 3:16.

veal the merciful love of God to both men and angels. Ellen White wrote, "Christ was treated as we deserve, that we might be treated as He deserves. He was condemned for our sins, in which He had no share, that we might be justified by His righteousness, in which we had no share. He suffered the death which was ours, that we might receive the life which was His."[12]

Christ was crucified between two thieves. Their crosses represent man's response to God's love. The two thieves who were also crucified—one rebellious, and the other repentant and submissive[j]—could be seen as symbolizing the conflict between good and evil which has existed throughout history, traits which reflect the criteria for judgment. Mankind needs only to be willing to submit to Christ's love and believe on Him to have eternal life. The Gospel, the "good news," is that God forgives and forgets the darkest past and offers eternal life to those who choose Christ as their Saviour.

The natural response to God's love is a desire to share it with others. God provided for this by giving His followers the Gospel commission: "Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost: Teaching them to observe all things whatsoever I have commanded you: and, lo, I am with you alway, even unto the end of the world."[k]

Seventh-day Adventists share with Christians everywhere a compelling mission to tell the Gospel story throughout the world.

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2. *The Great Controversy,* pp. 299-491.
3. *The Seventh-day Adventist Bible Commentary,* vol. 6, p. 194.

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[k] Luke 23:39-42.

[j] Matt. 28:19-20.

4. *Ibid.*, vol. 5, p. 622.
5. *The Ministry*, January 1977.
6. "Sabbatarian Anabaptists of the Sixteenth Century," two parts, *Andrews University Seminary Studies* V (July 1967); and VI (January 1968).
7. *From Sabbath to Sunday*, pp. 91-92. (Copy furnished by Dr. Hiscox to author.)
8. *Ibid.*, pp. 90-95.
9. *New York Times*, March 14, 1966.
10. *Ibid.*
11. *Christianity Today*, November 5, 1976.
12. *The Desire of Ages*, p. 25.

## For Further Information

For further information on how to cultivate physical, mental, and spiritual health . . . nutrition . . . overcoming alcohol or drug problems . . . coping with marital, personal, or social problems . . . the occult . . . how to pray . . . understanding the prophecies of Daniel and the Revelation about the immediate future . . . and other practical subjects—the following Adventist radio and television programs offer free Bible correspondence school coursework (from six to forty lessons per course, depending on the series chosen) or books. A list of the courses offered and an enrollment card may be obtained by writing to any of the following:

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*Appendix*

# THE PROPHETIC GIFT

Two beliefs are unique to the Seventh-day Adventis church: the belief that this church arose at a propheticall appointed time, and the belief that God gave to it in th counsels of Ellen White a manifestation of the propheti gift. The practical character of this gift is revealed in th church's medical ministry, which grew out of these counsels. The supernatural manifestations which accompanie the gift are described in the pages that follow.

Why would God provide visible, supernatural manifestations with Ellen White's visions? Adventists believ it was to provide evidence that her visions resulted no from her imagination, nor from hypnotic trances; bu rather, were manifestations given by God to strengthe men's faith in her claim to be His messenger.

When God first sent Moses to give a message to Israe in bondage, Moses feared that the people would only ridicule his claim to be a prophet. So God did somethin special to help Moses get their attention. He told Mose to throw down his staff before the children of Israel and i would become a serpent. Then he was to pick it up and i would become a staff again.[a] God assured Moses that thi strange phenomenon would prepare the people to believ him. This was something mysterious, something miraculous, that men could see; and therefore it would initiall serve a purpose.

In order that sincere Christians might take note of Mrs White's unusual claim, early in her prophetic ministr God provided visual miracles to strengthen their faith

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[a] Exod. 4:1-5.

But supernatural manifestations can be counterfeited by false prophets, as Christ warned, to "deceive" "if it were possible, even the elect."[b]

Therefore, one must also use other methods of discerning 1) the truth of a prophet's claim and 2) the source of the prophet's authority. Christ compared the *life and teachings* of false prophets to a "corrupt tree" bringing forth "evil fruit" and said, ". . . by *their fruits* ye shall know them"[c] Isaiah said that all the *prophet's teachings* must be in harmony with the Law of God and the testimony of the Bible prophets. He warned, "To the law and to the testimony: if they speak not according to this word, it is because there is no light in them"[d] But it takes time to evaluate the prophet's life and teachings.

Those living today have the advantage of being able to look back over the years since 1844 to see the claims of Mrs. White slowly validated. They have seen her prophecies accurately fulfilled, her counsels proven wise and timely. Lacking this perspective, her contemporaries could only wait and watch through the years to see whether her messages were true. Now the "fruits" of the guiding principles she outlined for the direction and growth of the church, the counsel and reproof she so lovingly and providentially provided, and the instructions she gave on the prevention and treatment of disease—these fruits clearly can be seen.

Was Mrs. White what she claimed to be—a messenger of God? Are there any female prophets mentioned in the Bible? Does not the Bible warn against false prophets in the last days? How does one determine whether a prophet is from God or from another source? How does one detect a counterfeit? Did Mrs. White herself seek to become a prophet? How did she come to believe God had called her to be His messenger? What did she see in her early visions?

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b. Matt. 24:24; Mark 13:22.
c. Matt. 7:20. (Italics added.)
d. Isa. 8:20.

## Prophetesses in the Bible

Ten of the hundred or so prophets mentioned in Scripture were women who led the nation of Israel, explained Scriptures, counseled leaders, made predictions. Five of these prophetesses lived during the Old Testament era. And five lived at the beginning of the Christian era: Miriam, sister of Moses and Aaron[e]; Deborah, a prophetess and a judge of Israel[f]; Huldah, held in highest esteem by King Josiah[g]; Noadiah,[h] Isaiah's wife[i]; Anna, an aged widow who met Joseph and Mary at the temple for baby Jesus' dedication service[j]; and Philip's four daughters.[k]

## Signs and Wonders

God knew that evil spirits would try to deceive mankind by miracles purportedly from God, and by spectacular displays of the supernatural[l]. In His love God provided the inspired Scriptures, which are profitable for doctrine, for reproof, for correction, for instruction in righteousness[m]. By the Scriptures every miracle, every supernatural display may be tested, so that none need be deceived.

"Beloved, believe not every spirit, but try [test] the spirits whether they are of God: because many false prophets are gone out into the world."[n]

Christ Himself warned against false prophets: "Beware of false prophets, which come to you in sheep's clothing, but inwardly they are ravening wolves"[o]. "For false Christs and false prophets shall rise, and shall shew signs and wonders, to seduce, if it were possible, even the elect."[p]

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[e] Exod. 15:20-21.
[f] Judg. 4:4.
[g] 2 Kings 22:14.
[h] Neh. 6:14.
[i] Isa. 8:3.
[j] Luke 2:36.
[k] Acts 21:9.
[l] Rev. 16:14.
[m] 2 Tim. 3:16; Ps. 119:105.
[n] 1 John 4:1.

Nevertheless, while Christians are to beware of *false* prophets, the apostle Paul urged believers not to reject the *true* while rejecting the *false*. He said, "Despise not prophesyings. Prove all things; hold fast that which is good."[q]

In his book, *Ellen G. White, Prophet of Destiny* (1972), Rene Noorbergen outlined the biblical guidelines for discerning whether one who claims to be a channel of supernatural guidance for others is in fact receiving guidance from God.

"At a time when 10,000 professional astrologers control the daily activities of 40 million people in the United States through 1,200 daily astrology columns and 2,350 horoscope computers; when roughly 140,000 fortune-tellers, mediums, clairvoyants and psychic seers have created a 42-million-dollar-a-year business; and when three major universities offer credit courses in witchcraft, magic, astrology and sorcery, a foolproof method to separate the psychics from the prophets has become essential!"[1]

## Bible Tests of a True Prophet

The Bible gives ten ways to test a prophet. A true prophet:

"1) . . . does not lie. His predictions will be fulfilled (Jer. 28:9).

"2) . . . prophesies in the name of the Lord, not in his own name (II Pet. 1:21).

"3) . . . does not give his own private interpretation of prophecy (II Pet. 1:20).

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[o] Matt 7:15.

[p] Mark 13:22.

[q] 1 Thess. 5:20-21.

"4) . . . points out the sins and transgressions of the people against God (Isa. 58:1).

"5) . . . [warns] the people of God's coming judgment (Isa. 24:20, 21; Rev. 14:6, 7).

"6) . . . edifies the church, counsels and advises it in religious matters (I Cor. 14:3, 4).

"7) . . . [speaks and writes, when giving spiritual counsel,] in absolute harmony with the words of the prophets that have preceded him (Isa. 8:20).

"8) . . . recognizes the incarnation of Jesus Christ (I John 4:1-3).

"9) . . . can be recognized by the results of his work (Matt. 7:16-20).

"10) . . . must be able to meet the requirements listed in Deuteronomy 8:9-12. [He must speak God's words in God's name—as His spokesman and as His true representative in life and character.] A true prophet acts in accordance with the will and approval of God."[2]

## William Foy

William E. Foy, a Baptist living in Boston, Massachusetts, was given two visions in 1842: one on January 18, the other on February 4. They related to the travels of God's people to the heavenly city.

His first vision occurred while he was attending a service in a Boston church on Southark Street. The vision happened to be witnessed by Henry Cummings, M.D. During the two-and-a-half-hour vision, Cummings could find no appearance of life "except around the heart." In his biographical account, Foy declared, "My breath left me." During the second vision, which lasted twelve and a half hours, he was told that he must reveal those things which he had seen.[3] Two days later the pastor of the Bloomfield Street Church asked him to share his visions.

Although he was an eloquent speaker and was studying to be a minister, he accepted the invitation with great reluctance because of the general prejudice against visions. But he created a sensation and his large crowds, numbering in the thousands, listened spellbound. It seemed evident that God was with him. Foy received a third vision, but it was not compatible with his belief in the imminent Coming of Christ and he stopped his public ministry.

## Hazen Foss

In September of 1844, a second man, Hazen Foss, from Poland, Maine, was also given a vision of the journey of the advent people to the city of God and saw some of the dangers they would encounter. He, also, was told to deliver the messages of warning and was shown the trials and persecutions he would suffer if he faithfully related the vision.

But he refused to share the message. A well-educated man of fine appearance, Foss was too proud to risk the ridicule he knew would result were he to tell what he had seen. And the vision was incompatible with his belief that the Second Advent would be "in a few more days" (as his fellow believers sang). Then in a second vision he was warned that unless he related his first vision to others the burden would be taken from him and given to someone who *would* be faithful. But again he refused.[4]

In yet a third vision he was released from his unaccepted responsibilities and told that the burden was "laid upon one of the weakest of the weak," who would accept the responsibility.

Terrified, Foss decided to tell his story. He called together an audience. As he stood before the people he was "dumb as a statue." Finally he spoke in deepest agony, saying, "I cannot remember a word of the vision. God has fulfilled His word. He has taken the vision from me." With great distress Foss exclaimed, "I am a lost man." Those present said it was the most terrible meeting they had ever attended. From that evening on, Foss had no personal interest in religion.[5]

Later, Foy and Foss (on separate occasions) both heard Ellen Harmon (later Ellen White) relate in public her first vision, a vision she had received in December 1844. As Foy listened to her presentation he interrupted the meeting and cried, "That is the very same vision which God gave me."[6]

And early in 1845, Foss overheard Ellen tell of her first vision to a group of believers in Portland, Maine. "He said the vision was as near like that shown him as two persons could relate the same thing. . . . On getting a view of the person (Ellen Harmon) afterward, he said, 'That is the instrument on whom the Lord has laid the burden.' "[7]

The next morning he met her and encouraged her to be faithful and said, "I believe the visions are taken from me and given to you . . . you are chosen of God: be faithful in doing your work, and the crown I might have had, you will receive." After comparing dates they discovered that Ellen was given her first vision *after* the visions were taken from Foss.[8]

## The Weakest of the Weak

At the time of Ellen White's first vision, she was in extremely poor health. For several weeks before the vision she had scarcely spoken above a whisper. She had been diagnosed as having "dropsical consumption." Her physician said, "Her right lung is decayed, the left one is considerably diseased, and the lung condition has affected her heart. In my opinion she can live only a short time at most and could drop away at any time."[9]

Frequent coughing spells and hemorrhages from the lungs had greatly decreased her physical strength. To obtain any rest at night, she had to be propped up by pillows to an almost sitting position.[10]

Near the end of 1844, while having worship with a family in South Portland, Maine, she had an experience of which she later wrote. "I was visiting Mrs. Haines, . . . a dear sister in Christ, whose heart was knit with mine; five of us, all women, were kneeling quietly at the family altar.

While we were praying, the power of God came upon me as I had never felt it before."[11]

At the close of the vision, in which she viewed heaven and what God has in store for believers, the angel who had been with her told her:

"'You must go back to the earth again and relate to others what I have revealed to you.' Then an angel bore me gently down to this dark world. Sometimes I think I can stay here no longer; all things of earth look so dreary. I feel very lonely here, for I have seen a better land."[12]

After coming out of vision, she felt overwhelmed: "An unspeakable awe filled me, that I, so young and feeble, should be chosen as the instrument by which God would give light to His people. While under the power of the Lord, I was filled with joy, seeming to be surrounded by holy angels in the glorious courts of heaven, where all is peace and gladness; and it was a sad and bitter change to wake up to the realities of mortal life."[13]

"After I came out of vision, everything looked changed; a gloom was spread over all that I beheld. Oh, how dark this world looked to me. I wept when I found myself here, and felt homesick. I had seen a better world, and it had spoiled this for me."[14]

## The Second Vision

In the second vision, about a week after the first (in December 1844), the Lord gave her a view of the trials through which she must pass and told her that she must go and relate to others what He had revealed. "It was shown me that my labors would meet with great opposition, and that my heart would be rent with anguish; but that the grace of God would be sufficient to sustain me through all."[15]

"My Savior declared me to be his messenger. 'Your work,' he instructed me, 'is to bear my word. Strange things will arise, and in your youth I set you apart to bear the message to the erring ones, to carry the word before unbelievers, and with pen and voice *to reprove from th Word actions that are not right.* Exhort from the Word. will make my Word open to you. It shall not be as strange language. In the true eloquence of simplicity, wit voice and pen, the messages that I give shall be hear from one *who has never learned in the schools.* My Spiri and my power shall be with you.' "[16]

At first she did not even think of the possibility o being God's messenger. "After I came out of this vision was exceedingly troubled, for it pointed out my duty to g out among the people and present the truth. My healt was so poor that I was in constant bodily suffering, and t all appearance had but a short time to live. I was onl seventeen years of age, small and frail, unused to society and naturally so timid and retiring that it was painful fo me to meet strangers.

"For several days, and far into the night, I prayed tha this burden might be removed from me, and laid upo some one more capable of bearing it. But the light of dut did not change, and the words of the angel sounded continually in my ears, 'Make known to others what I hav revealed to you.' . . . I coveted death as a release fro the responsibilities that were crowding upon me. . . .

"One great fear that had oppressed me was that if obeyed the call of duty, and went out declaring myself t be one favored of the Most High with visions and revelations for the people, I might yield to sinful exaltation and be lifted above the station that was right for me t occupy, bring upon myself the displeasure of God, an lose my own soul. I had known of such cases, and m heart shrank from the trying ordeal."[17]

## Preserved From Exaltation

After much prayer and heart-searching, she yielded, accepting the solemn work God had laid upon her: "I no entreated that if I must go and relate what the Lord ha shown me, I should be preserved from undue exaltation

Said the angel: 'Your prayers are heard, and shall be answered. If this evil that you dread threatens you, the hand of God will be stretched out to save you; by affliction He will draw you to Himself, and preserve your humility. Deliver the message faithfully; endure unto the end, and you shall eat the fruit of the tree of life and drink of the water of life.'

"After recovering consciousness of earthly things, I committed myself to the Lord, ready to do His bidding, whatever that might be."[18]

Shortly thereafter she was led to give her first public testimony, in a meeting held in a private home in Portland, Maine. From that time until her death in 1915, shortly after the outbreak of World War I, her fearless voice was heard: Go forward in faith, out into the very ends of the earth, for the Lord is with us, and He has given us the message of Christ's Second Coming to proclaim to all nations.

## In Vision

Ellen White said that whenever she was in vision, either at night or during the day (and the visions lasted from a few seconds to almost four hours), it was always the same special angel who came to her and instructed her. She referred to him as "the angel," "my guide," "my instructor," and "the young man," and described him as a glorious being.

J. N. Loughborough, author of *The Great Second Advent Movement,* first saw Ellen White in vision in October 1852—a vision that lasted over an hour. When he wrote the following description of the remarkable physical phenomena associated with her visions, he had already seen her in vision about fifty times:

"In passing into vision she gives three enrapturing shouts of 'Glory!' which echo and re-echo, the second, and especially the third, fainter, but more thrilling than the first, the voice resembling that of one quite a distance

from you, and just going out of hearing. For about four
five seconds she seems to drop down like . . . one havi
lost his strength; she then seems to be instantly filled wit
superhuman strength, sometimes rising at once to her fe
and walking about the room. There are frequent mov
ments of the hands and arms, pointing to the right or le
as her head turns. All these movements are made in
most graceful manner. In whatever position the hand
arm may be placed, it is impossible for any one to mo
it. Her eyes are always open, but she does not wi
[blink]; her head is raised, and she is looking upwar
not with a vacant stare, but with a pleasant expressio
only differing from the normal in that she appears to
looking intently at some distant object. She does n
breathe, yet her pulse beats regularly. Her countenance
pleasant, and the color of her face as florid as in h
natural state."[19]

Mrs. White's experience paralleled that of the proph
Daniel. Describing the setting in which he received visio
from God, he said, "And I Daniel alone saw the vision"
"there remained no strength in me"; "neither is the
breath left in me"; (then later) "I was strengthened
Sometimes God gave him a vision while he was "speaki
in prayer."[r]

## Other Eyewitnesses

Another eyewitness, M. G. Kellogg, M.D., writing of
vision given Mrs. White in Tyrone, Michigan, May 2
1853, said: "Sister White was in vision about twen
minutes or half an hour. As she went into vision eve
one present seemed to feel the power and presence
God, and some of us did indeed feel the Spirit of G
resting upon us mightily. We were engaged in prayer a
social meeting Sabbath morning at about nine o'cloc

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[r] Dan. 10:5, 8, 17, 19; 9:21.

Brother White, my father, and Sister White prayed, and I was praying at the time. There had been no excitement, no demonstrations. We did plead earnestly with God, however, that he would bless the meeting with his presence, and that he would bless the work in Michigan. As Sister White gave that triumphant shout of 'Glory! g-l-o-r-y-! g-l-o-r-y-!' which you have heard her give so often as she goes into vision, Brother White arose and informed the audience that his wife was in vision. After stating the manner of her visions, and that she did not breathe while in vision, he invited any one who wished to do so to come forward and examine her. Dr. Drummond, a physician, who was also a First-day Adventist preacher, who (before he saw her in vision) had declared her visions to be of mesmeric [hypnotic] origin, and that he could give her a vision, stepped forward, and after a thorough examination, turned very pale, and remarked, *'She doesn't breathe!'*

"I am quite certain that she did not breathe at that time while in vision, nor in any of several others which she has had when I was present. The coming out of the vision was as marked as her going into it. The first indication we had that the vision was ended, was in her again beginning to breathe. She drew in her first breath deep, long, and full, in a manner showing that her lungs had been entirely empty of air. After drawing the first breath, several minutes passed before she drew a second, which filled the lungs precisely as did the first; then a pause of two minutes, and a third inhalation, after which the breathing became natural."[20]

## Witnessed by Unbelievers

George I. Butler, a prominent Seventh-day Adventist minister, writing for the *Review and Herald* in 1874, gave an eyewitness report of Mrs. White's experiences while she was in vision: ". . . this thing has not been done in a corner. For nearly thirty years past these visions have been given with greater or less frequency, and have bee witnessed by many, oftentimes by unbelievers as well those believing them. They generally, but not always, o cur in the midst of earnest seasons of religious intere while the Spirit of God is specially present. . . . Durin this time [her] heart and pulse continue to beat, the ey are always wide open, and seem to be gazing at som far-distant object, and are never fixed on any person o thing in the room. They are always directed upwar They exhibit a pleasant expression. . . .

"While she is in vision, her breathing entirely cease No breath ever escapes her nostrils or lips when in th condition. This has been proved by many witnesse among them physicians of skill, and themselves unbelie ers in the visions, on some occasions being appointed by public congregation for the purpose. . . . When she go into this condition, there is no appearance of swooning o faintness, her face retains its natural color, and the bloo circulates as usual. . . . She moves her arms gracefull and often her face is lighted up with radiance as thoug the glory of Heaven rested upon her. She is utterly uncon scious of every thing going on around her, while she is i vision, having no knowledge whatever of what is said an done in her presence. . . .

"There are none of the disgusting grimaces or conto tions which usually attend spiritualist mediums, but calm dignified, and impressive, her very appearance strikes th beholder with reverence and solemnity. There is nothin fanatical in their appearance. When she comes out of th condition she speaks and writes from time to time wha she has seen while in vision; and the supernatural chara ter of these visions is seen even more clearly in what sh thus reveals than in her appearance and condition whi in vision, for many things have thus been related which was impossible for her to know in any other way.

"Peculiar circumstances in the lives of individual whom she never before had seen in the flesh, and secre hidden from the nearest acquaintances, have been mad known by her when she had no personal knowledge of the parties other than by vision. Often has she been in an audience where she was wholly unacquainted with the individuals composing it, when she would get up and point out person after person whom she never had seen before, in the flesh, and tell them what they had done, and reprove their sins. . . . These things . . . could not be accomplished by deception."[21]

J. N. Loughborough tells of a physician who was also a spirit medium, present at Parkville, Michigan, January 12, 1861: "At the close of an exhortation given by Mrs. White to a large congregation that had assembled at the Adventist meeting-house, the blessing of God rested upon her in a remarkable degree, and she was taken off in vision while seated in her chair. There was present a Doctor Brown, a hale, strong man physically, a spirit medium. He had said that her visions were the same as spirit mediumship, and that if she had one [in his presence], he could bring her out of it in one minute. An invitation was given for any who desired to do so to come forward, and by examination satisfy themselves as to her condition while in vision. The doctor came forward, but before he had half completed his examination, he turned deathly pale, and shook like an aspen leaf. Elder White said, 'Will the doctor report her condition?' He replied, 'She does not breathe,' and rapidly made his way to the door. Those at the door who knew of his boasting said, 'Go back, and do as you said you would; bring that woman out of vision.' In great agitation he grasped the knob of the door, but was not permitted to open it until inquiry was made by those near the door, 'Doctor, what is it?' He replied, *'God only knows; let me out of this house;'* and out he went.

"It was evident that the spirit that influenced him as a medium was no more at rest in the presence of the power that controlled Mrs. White in vision than were the demoniacs in the days of the Saviour, who inquired, 'Art thou come hither to torment us . . .?' [Matt. 8:29].

“A similarity is seen in this circumstance to that recor ed in the experience of Daniel the prophet. As he we into vision by the Spirit of the Lord, the Chaldeans wh were present—heathens who knew not that Spirit—we greatly terrified, and ‘fled to hide themselves’ [Da 10:7].”[22]

But these physical phenomena were not to be the maj test of the validity of her counsels. Rather, her teaching and their results would form the basis on which to ap praise her ministry.

## Confidence Based on Science

In the year 1897, Dr. John Harvey Kellogg testified o his confidence in the health principles consistently advo cated by Mrs. White: “. . . it is impossible for any ma who has not made a special study of medicine to appreci ate the wonderful character of the instruction that ha been received in these writings. It is wonderful . . . whe you look back over the writings that were given us thirt years ago, and then perhaps the next day pick up a scien tific journal and find some new discovery that the micro scope has made, or that has been brought to light in th chemical laboratory,—I say, it is perfectly wonderful ho correctly they agree in fact. . . .”[23]

After researching her writings and life, Rene Noorber gen concluded that Ellen White could not be a medium, psychic, or a mere clairvoyant: “. . . for from the mo ment of her very first vision, the concern she expresse was over humanity’s struggle for perfection and not ove the outcome of a horse race, the circumstances surround ing political assassinations, . . . or the winner of presidential race. It is no wonder that those who had th opportunity to observe her while in vision would do jus that, with the closest scrutiny, often demanding [that] th medical doctors be admitted to examine this strange [phe nomenon]. . . . Numerous eyewitness accounts coverin every aspect of her being in vision are among the thou sands of documents filed away in the archives of the Ellen G. White Estate."[24]

After coming out of vision, Ellen White would at times give a brief description of the beauty and joy of the New Earth. To those who had just seen her in vision, she often said how she wished she could describe it—that she had no language in which to tell even a little of what had been shown her . . . and that if only everyone could see what she saw, they would never allow anything in this world to tempt them to live in such a way as to be in danger of losing eternal life.[25]

## The Writings of Ellen White and their Relationship to the Bible

Seventh-day Adventists accept the entire Holy Scriptures as divinely inspired, as containing the whole truth of God to prepare mankind for eternal life.

They believe that the Bible is the supreme rule of faith and practice. However, even during Bible times, scores of prophets were inspired by God to give special messages, which were relevant to the needs of their time. Although the messages of these prophets were not included in the Scriptures, they had the same "gift of prophecy."

The writings of Ellen White are neither a new Bible nor an addition to it. As she said, "I took the precious Bible and surrounded it with the several *Testimonies for the Church*, [counsels about successful Christian living and the work of the church]."[26]

In these Testimonies she chided her fellow Adventists for their lack of study of the Scriptures. "You are not familiar with the Scriptures," she said. "If you had made God's word your study, . . . *you would not have needed* the Testimonies. It is because you have neglected to acquaint yourselves with God's inspired Book that he has sought to reach you by simple, direct testimonies. . . ."[27]

"The Holy Scriptures," she said, "are to be accepted as an authoritative, infallible revelation of His will. They are the standard of character, the revealer of doctrines, an the test of experience."[28] She urged her fellow churc members to read the great "love chapter," 1 Corinthia 13, every day. She wrote, "Learn that Christlike love is c heavenly birth, and that without it all other qualificatio are worthless."[29]

The Bible and the writings of Mrs. White might b compared to the moon and the sun—a *lesser* light reflec ing a greater light. John the Baptist was also a lesse light. "He was not that Light [Christ], but was sent t bear witness of that Light."[a]

Her writings present Bible truths with such simplicit and beauty that the more closely one studies them, th more he is drawn toward the Holy Scriptures. The Bibl remains the *standard* against which the counsels an claims of a prophet are judged. Thus the writings of Elle White can never replace or supersede Scripture.

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4. *The Great Second Advent Movement*, p. 182.
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15. *Life Sketches*, p. 69.
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[a] John 1:8.

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# THE PROPHET'S HARDEST TASK

J. N. Andrews once spent four months traveling with th Whites, who were holding public meetings in vario places. Between her travels and frequent public lectures Mrs. White took time to write over a thousand pages o instruction and reproof. Often she missed hours of slee "in order to meet this ever-present and unending labor." However, it was not the traveling, lecturing, writing, o missed sleep that caused her the agony of spirit whic Andrews witnessed. He wrote, "The nature of this writin is such that the manual labor required to pen the words i really the smallest part of the task. It is no pleasant thin to Sister White to utter words of sharp reproof, or ster rebuke, yet these things often enter largely into what sh is called to write. I have too often witnessed the dee distress and tears of anguish which this work imposes o Sister White, to entertain one thought that she engages i it to please herself."[1]

"It has been hard for me to give the message that Go has given me for those I love," she said, "and yet I hav not dared to withhold it. . . . I would not do a work tha is so uncongenial to me if I thought God would excuse m from it."[2]

She wrote: "I have not come to cry peace; you ca hear this voice wherever you go. There are those who wil be glad to lull you to sleep in your carnal security; but have a different work. My message is to alarm you, to bi you reform your lives, and cease your rebellion agains the God of the universe. Take the Word of God, and see if you are in harmony with it. Is your character such as will bear the search of the heavenly investigation? Remember, Jesus says: 'Not everyone that saith unto me, Lord, Lord, shall enter into the kingdom of heaven; but he that doeth the will of my Father which is in heaven.' "[3]

## Bearing Reproof

At the turn of the century some of the believers in Indiana developed a strange, unscriptural view that Christians would in this life acquire "holy flesh" and then could never sin again and would never die. Even R. S. Donnell, president of the Indiana Conference, was directly involved in this fanatical teaching.

Later, at the 1909 General Conference session in Battle Creek, Mrs. White condemned this strange doctrine and the highly questionable practices it led to, as she always condemned anything fanatical or extreme. Elder Donnell was at the meeting and heard her presentation. His response the next day was reported in the official minutes of the session. Referring to her remarks he said, "It has been suggested to me at times in the past, that the test on this point of faith [faith that she was God's chosen messenger] comes when the Testimony comes directly to us. As nearly all of you know, in the Testimony of yesterday morning the test came to me. But, brethren, I can thank God this morning that my faith in the Spirit of prophecy remains unshaken. God has spoken. He says I was wrong, and I answer, God is right, and I am wrong. . . . I am very, very sorry that I have done that which would mar the cause of God, and lead anyone in the wrong way. I have asked God to forgive me, and I know that he has done it. . . . I now ask you to forgive me my sins, and I ask your prayers for strength and wisdom to walk aright in the future. It is my determination by the help of God, to join glad hands with you in the kingdom of God."[4]

## Saxby's Objections

Not everyone accepted Mrs. White's reproof so readil Willard H. Saxby, an Adventist minister, once received testimony which Mrs. White sent him through a truste minister, as was her custom at times.

After one statement was read regarding Saxby's pe sonal life, he objected, saying, "That is not so." The mi ister tried to help him accept the criticism, and Saxb replied, "But how can I say a thing is so when I know is not so?" In all, Saxby objected four times.

When Saxby's wife asked him why he was so late getting home that night, he told of his experience. Sh wanted him to share the letter with her. He objected, sa ing it was too late, but added that he would read one pa agraph regarding a problem which the testimony sa existed between Saxby and his wife—a paragraph which he had objected as "not so".

Saxby later explained the results: "I shall never forg how, after I had read this paragraph, she rose up in be and said, with all earnestness of her being, pointing to m with her index finger, '*Willard, that is so!*'

"I began to reason very seriously. . . . As I sought th Lord by fasting and prayer, I soon saw things in the tru light. The Testimony was a photograph of my inner lif and I could see it was.

"It is comparatively easy to believe a Testimony i reproof of some one else; but to one's own self it is alt gether a different proposition, at least I found it so.

"This scripture came with force to my mind: 'Wher fore let him that thinketh he standeth take heed lest h fall' 1 Cor. 10:12. When we are sure that we are all rig we may be all wrong."[5]

## John Harvey Kellogg

As a child, John Harvey Kellogg once overheard h mother praying for him and knelt beside her. She place her hand on his head and dedicated him to the service

God. an experience which led him to devote his life to helping others.

In the spring of 1864, James White invited the twelve-year-old boy to learn the printing trade. At that time White supervised the Review and Herald Press as president of the Seventh-day Adventist Publishing Association.

During the next four years Kellogg learned to set type and read proof. He also edited some manuscripts which first introduced him to the principles of healthful living—principles that he would spend his life promoting. Once White told young Kellogg that his wife Ellen had seen him in vision filling a definite place in God's service. It was a humbling thought, and Kellogg looked expectantly to the future. Kellogg's contributions to medicine and diet are now history. Many considered him one of the greatest health educators who ever lived.

Kellogg received more counsel from Ellen White than did any other Seventh-day Adventist physician. Unfortunately, he did not always follow that advice—a mistake he acknowledged near the end of his life, at age 86. He said. "I have found Mrs. White a wise counselor and friend to whom I constantly appealed for advice. . . . I had the utmost confidence that the Lord was leading Mrs. White's mind and I have this same confidence still. She was a godly woman who sought divine guidance and received it. I had many evidences of this, probably more than any other living man ever had. . . .

"In the humiliating experience of the last six years loss of the "mammoth" Sanitarium building] we recognize the kind hand of Providence teaching us lessons which we greatly needed and we hope will be so thoroughly learned and profited by that they need not be repeated.

"I have always entertained the greatest respect and regard for Mrs. White. Aside from my parents she was the best friend I ever had. She treated me as a son. As a young man I was a member of her family for months at a time. . . .

"In conclusion, my friends, I wish to say that I ha abandoned none of the standards and ideals to which adhered forty years ago and before."[6]

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*Appendix D*

# MEDICAL SCIENCE CONFIRMS THE HEALTH COUNSELS OF ELLEN G. WHITE

Hundreds of thousands trace the beginnings of their confidence in the writings of Ellen White to their discovery that scientific research validates her health counsels.

It is fascinating to compare Mrs. White's comments regarding the components of a healthful life-style—as well as the dangers of such things as animal fats, sugar, salt, caffeine, alcohol, tobacco, and lack of exercise—with current information based on the latest scientific research. Their agreement is phenomenal.

## A Nutritionist's Response

The late Clive M. McCay, Ph.D., long-time Professor of Nutrition, Cornell University, said, "As near as one can judge by the evidence of modern nutritional science, her extensive writings on the subject of nutrition, and health in general, are correct in their conclusions. This is doubly remarkable: Not only was most of her writing done at a time when a bewildering array of new health views—good and bad—were being promoted but the modern science of nutrition, which helps us to check on views and theories, had not yet been born. Even more singular, Mrs. White had no technical training in nutrition, or in any subdivision of science that deals with health. . . .

"When one reads such works by Mrs. White as *Ministry of Healing* or *Counsels on Diet and Foods* he i impressed by the correctness of her teachings in the ligh of modern nutritional science. One can only speculat how much better health the average American might enjoy, even though he knew almost nothing of moder science, if he but followed the teachings of Mrs. White."[1]

In the early 1940s the use of live yeast was advocate as having therapeutic value as a source of vitamins because it contains vitamin B in appreciable amounts. Fo years the readers of popular magazines were urged to ea a cake of live yeast every day. But Ellen White, writing i 1905, had said, "Bread should be light and sweet. . . The loaves should be small, and so thoroughly bake that, so far as possible, the yeast germs shall b destroyed."[2] Obviously, Mrs. White's statement was questioned. But now it is known that yeast cells are capable o passing through the acid contents of the stomach withou destruction and then proliferating in the intestines.

In 1946, University of Wisconsin researchers reported to the Wisconsin Academy of Sciences, "Those persons who regularly ate one or more squares of fresh baker's yeast daily with the idea of supplying themselves with extra amounts of B vitamins missed out. . . .

"The yeast eaters not only failed to get extra amounts of B vitamins but may even have lost some of the vitamins they had gotten from other foods."[3]

In 1966 E. S. West and W. R. Todd wrote, "It is of interest that though live yeast contains a high concentration of thiamine, not only is the vitamin [$B_1$] unavailable to humans, but the yeast also appears to compete with the body in the gastrointestinal tract for other dietary thiamine. . . . The thiamine of killed yeast, on the other hand, is almost completely available."[4]

## The Senate Select Committee

On January 14, 1977, the Senate Select Committee on Nutrition and Human Needs presented its study, *Dietary Goals for the United States,* the first comprehensive statement by any branch of the federal government on risk factors in the American diet.

The committee was assisted by some of the country's leading nutritionists: Dr. Mark Hegsted, Professor of Nutrition from the Harvard School of Public Health; Dr. Beverly Winikoff of the Rockefeller Foundation; Dr. Philip Lee, Director of the Health Policy Program at the University of California, San Francisco; and Dr. Sheldon Margen, a nutritionist with the University of California, Berkeley. The following dietary suggestions from their report echo and validate Ellen White's counsel.

## Dietary Goals

The following is a brief summary of the goals recommended:

"1. Increase carbohydrate consumption to account for 55 to 60 percent of the energy (caloric) intake.

"2. Reduce overall fat consumption from approximately 40 to 30 percent of energy intake.

"3. Reduce saturated fat consumption to account for about 10 percent of total energy intake; and balance that with poly-unsaturated and mono-unsaturated fats, which should account for about 10 percent of energy intake each.

"4. Reduce cholesterol consumption to about 300 mg. a day.

"5. Reduce sugar consumption by about 40 percent to account for about 15 percent of total energy intake.

"6. Reduce salt consumption by about 50 to 85 percent to approximately 3 grams a day."

"The goals suggest the following changes in food selection and preparation:

"1. Increase consumption of fruits and vegetables and whole grains.

"2. Decrease consumption of meat and increase consumption of poultry and fish.

"3. Decrease consumption of foods high in fat and partially substitute poly-unsaturated fat for saturated fat.

"4. Substitute non-fat milk for whole milk.

"5. Decrease consumption of butterfat, eggs and other high cholesterol sources.

"6. Decrease consumption of sugar and foods high in sugar content.

"7. Decrease consumption of salt and foods high in salt content."[5]

In 1890 Ellen White wrote: "God has furnished man with abundant means for the gratification of an unperverted appetite. He has spread before him the products of the earth,—a bountiful variety of food that is palatable to the taste and nutritious to the system. Of these our benevolent heavenly Father says we may freely eat. Fruits, grains, and vegetables, prepared in a simple way, free from spice and grease of all kinds, make, with milk or cream, the most healthful diet. They impart nourishment to the body, and give a power of endurance and a vigor of intellect that are not produced by a stimulating diet."[6] "The Lord intends to bring His people back to live upon simple fruits, vegetables and grains. . . ."[7]

Eighty-seven years later, in 1977, the Senate Select Committee said, "Increased consumption of fruit, vegetables and whole grains is also important with respect to supplying adequate amounts of micro-nutrients, vitamins and minerals. This is particularly important for those who are limiting their food intake to control weight or save money. . . .

"Fats and sugars, the principal dietary elements that have displaced complex carbohydrates [unrefined natural whole-grain products, vegetables, fruits] are . . . relatively poor sources of micro-nutrients, particularly in view of the levels of calories they induce.

". . . Furthermore, the high water content and bulk of fruits and vegetables and bulk of whole grain can bring satisfaction of appetite more quickly than do foods high in fat and sugar. . . .

"Highly-refined fruits and vegetables generally should not be viewed as nutritional equivalents or substitutes for the same food in its fresh form. . . . potato chips and dehydrated potatoes should not be thought of as the nutritional equivalent of fresh, baked potatoes. In addition, it is apparent that potato chips carry significantly more fat than the baked or mashed form; potato chips are 40 percent fat compared to .1 percent fat in baked potatoes."[8]

## Fats and Heart-and-Blood-Vessel Diseases

In 1868 Ellen White warned overweight individuals of their being "liable to acute attacks of disease, and to sudden death" if they continued a dietary program which included large amounts of animal fats.[9]

"Acute attacks of disease," such as strokes and heart attacks, are the major causes of "sudden death" in some countries. Coronary attacks and strokes are now known to be closely related to the saturated or hard fat in the diet. This type of fat is found almost exclusively in flesh foods, eggs, and dairy products. In 1966 the American Heart Association advised the public to reduce or control the amount of fats consumed, particularly saturated fats, because of the risk of heart attacks and strokes.

As Joseph T. Doyles, M.D., reported in "Modern Concepts of Cardiovascular Disease," "Diet is one variable that most consistently and convincingly has been related to . . . the prevalence and incidence of CHD [coronary heart disease]. Repeatedly and unequivocally it has been shown that the serum total cholesterol concentration can be raised or lowered significantly by manipulation of the total amount of fat ingested and of the ratio of unsaturated to saturated fat."[10]

Quoting from Drs. McGill and Mott, in "Present Knowledge in Nutrition" (a report published by the Nutrition Foundation in 1976), the Senate Select Committee states that "The average American ingests 600 mg. of cholesterol per day, well above the 400 mg. limit."[11]

The committee further states that "Professional and governmental bodies in the United States and other countries have generally recommended that cholesterol intake be decreased to 300 mg. a day or less."[12] The committee further notes that a single egg yolk alone contains 250 mg. cholesterol.[13]

One effective way to control cholesterol and enhance one's general health is through vegetarianism, a diet highly recommended by Ellen White. The balanced vegetarian diet is based on the *four basic food groups* generally recommended today by nutritionists as a *guide to good eating*:

I. Four servings a day of fruits and vegetables (including one high in vitamin A and one high in vitamin C);
II. Four servings a day of whole grain, or enriched breads and cereal products;
III. Two servings a day of milk or cottage cheese; and,
IV. Two servings a day of protein-rich foods.

## Sugar and Disease

In 1890 Mrs. White wrote: "The free use of sugar in any form . . . is not infrequently a cause of disease."[14]

In 1905 she wrote: "Far too much sugar is ordinarily used in food. . . . Especially harmful are the custards and puddings in which milk, eggs, and sugar are the chief ingredients. The *free* [unrestricted] use of milk and sugar taken together should be avoided."[15]

The Senate Select Committee said, "The most immediate problem often cited by nutritionists is the danger in displacing complex carbohydrates which are high in micronutrients,* with sugar, which is essentially an energy source offering little other nutritional value. . . .

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*Minerals such as copper, zinc, chromium, which are essential for nutrition but are only needed in minute quantities.

"Sugar has also been implicated in tooth decay, which may be the most widespread disease related to nutrition."[16]

## The Misuse of Salt

Dr. R. T. Trall, a noted physician and author of the late 1800s, stated in 1869 that "salt, being a poison, should not be used at all."[17]

Ellen White spoke out against the "no salt" diet, but she stated as early as 1884 (and repeated in 1905): "Do not eat *largely* of salt."[18]

*Dietary Goals for the United States* notes that the intake of salt in this country is estimated to range from about six to eighteen grams a day, according to "Recommended Dietary Allowances," published in 1974 by the National Academy of Sciences. The committee further states that the average human requirement for salt (according to Drs. George Meneely and Harold Battarbee in "Present Knowledge in Nutrition") is probably only about half a gram, and that the three-gram-a-day allowance, which is derived from the National Academy of Sciences report, "is more than enough."[19]

"Salt has been found to cause an increase in blood pressure, hypertension, among some individuals, but others do not seem genetically susceptible."[20] It is a person's inherent susceptibility to hypertension together with prolonged, high-salt intake that seem to be key factors in the development of hypertension. "Drs. Meneely and Battarbee estimate that 20 percent of the United States' population is susceptible to hypertension and up to 40 percent of older people. They recommend reduction of salt intake as an important countermeasure."[21]

Other researchers have found that when patients with blood vessel disease eat less salt, their blood vessel condition improves even in those cases where their blood pressure failed to decline. Research also has shown a possible connection between high salt intake and changes in levels of gastric acid secretion, stomach cancer, and cerebrovascular disease.[22]

I. A. Prior, M.D., reported a study of two populations of the Polynesian Islands. The higher-salt-intake group had a higher blood pressure, which increased with age. The low-salt-intake group had only a slight upward change in blood pressure as they grew older.[23]

## Coffee, Tea, and Unexpected Illnesses

In 1905 Mrs. White said, "Tea acts as a stimulant and, to a certain extent, produces intoxication. The action of coffee and many other popular drinks is similar. The first effect is exhilarating. The nerves of the stomach are excited; these convey irritation to the brain, and this in turn is aroused to impart increased action to the heart and short-lived energy to the entire system. Fatigue is forgotten; the strength seems to be increased. . . .

"Because of these results, many suppose that their tea or coffee is doing them great good. But this is a mistake. Tea and coffee do not nourish the system. Their effect is produced before there has been time for digestion and assimilation, and what seems to be strength is only nervous excitement. When the influence of the stimulant is gone, the unnatural force abates, and the result is a corresponding degree of langour and debility."[24]

In 1967 H. A. Reimann, M.D., stated in the *Journal of the American Medical Association* that "the nature and degrees of reactions to caffeine are influenced by the age, [by] the emotional or nervous state, or by the idiosyncrasies of [the user]. Its action on physiological functions is inconstant and variable, often diametrically opposed in different persons, and even in the same person at [different] times." He stated nevertheless that, in general, the effect of caffeine is to stimulate the cerebral cortex, the thalamus, the vasomotor center, the respiratory center, and evidently also the thermal regulatory mechanism. And caffeine reduces the cerebral blood flow.

"Among the acute and chronic toxic effects are insomnia, irritability, cardiac palpitation, tremors, convulsions, flushing, anorexia, dehydration from diuresis, fever, albuminuria, and epigastric discomfort." His indictment of caffeine included coffee, tea, and cola beverages.[25]

As Samuel Vaisrub, M.D., Senior Editor for the *Journal of the American Medical Association,* noted in an editorial, "Caffeine is known to precipitate ectopic [eccentric] beats and to accelerate the heart rate. It raises the blood pressure, interferes with sleep, elevates the plasma levels of free fatty acids, and in diabetes it causes a disproportionate rise in blood glucose level in response to glucose loading."[26]

Soft drinks containing caffeine account for "about 65 percent of total soft drink consumption. . . . There have been findings of withdrawal symptoms of headache, nervousness, and irritability among subjects deprived of normal coffee doses as well as similar symptoms among those who may have ingested too much caffeine. . . . colas are of special concern since they are the major caffeine source for most children."[27]

## Alcohol, the Brain, and Life

Ellen White was distressed as she saw men committing slow suicide. She wrote in 1885 that men were "destroying reason and life by liquor drinking."[28] In 1905 she linked the use of alcoholic beverages with destruction of the sensitive nerves of the brain.[29]

In 1971 the U.S. Government Committee on Alcoholism and Drug Dependence reported in "Alcohol and Society," "Prolonged high doses of alcohol can result in pathological changes in peripheral nerves and other tissues. Also, it can cause brain damage, as evidenced by deterioration of various higher mental functions, such as memory, judgment, and learning."[30]

"Alcohol, in various doses and with various responses, can produce mild to marked central nervous system changes."[31]

"[Drinking] small quantities of alcohol usually reduces feelings of anxiety and worry and causes a mild but general reduction of inhibitions. If drinking is continued beyond euphoria and exhilaration, dysfunctional reactions such as aggression, antagonism, depression, and psychosis may appear, as well as disruption of speech and memory.

". . . Adverse physical consequences associated with alcohol intake range from mild nausea to fatal cardiac arrest. . . . Gastritis, ulcers, and pancreatitis are not uncommon complications. . . .

". . . There is evidence that alcohol in quantity can injure the [middle muscular layer of the heart wall], either directly or through the metabolic changes it induces. . . .

". . . Abuse is defined as self-administration of a drug for nonmedical reasons, in quantities and frequencies which may impair an individual's ability to function effectively and which may result in social, physical, or emotional harm. Abuse of alcohol, in this sense, occurs each time a drinker becomes intoxicated."[32]

As Kurt J. Isselbacher, M.D., notes, "Although alcohol is best known for its influence on the brain, it actually affects almost every organ system in the body."[33]

The U.S. Department of Public Health rates alcoholism as the third greatest health problem in the country, involving more than nine million people, or four to five percent of the total adult population. According to Richard W. Shropshire, M.D., writing in the *American Family Physician,* even social drinking is a source of significant health difficulties; however, "moderate drinkers [those who have two to six drinks daily] usually don't believe their low-level alcohol intake can cause problems." It can, however, cause "headaches, diarrhea, insomnia and irritability. . . ."[34]

## Tobacco: Lung Cancer and Other Fatal Diseases

In 1864 Mrs. White said: "Tobacco is a poison of the most deceitful and malignant kind, having an exciting, then a paralyzing influence upon the nerves of the body. It is all the more dangerous because its effects upon the system are so slow, and at first scarcely perceivable. Multitudes have fallen victims to its poisonous influence. They have surely murdered themselves by this slow poison."[35] Clinical and laboratory evidence for the relationship of cigarette smoking to many diseases have been extensively documented in the worldwide scientific literature. However, here a brief review will verify the above comments by Ellen White.

An article entitled "Cigarette Smoking Ten Years Later" in the *Western Journal of Medicine* noted: "In 1954 the American Cancer Society and the British Medical Research Council in separate studies observed a higher death rate among cigarette smokers than nonsmokers. In 1962 the Royal College of Surgeons found cigarette smoking a serious hazard to health. In 1963 a second American Cancer Society report showed that death rates had increased over the years as the number of cigarette smokers increased. . . . in January 1964, a Special Advisory Committee on Smoking and Health to the Surgeon General of the United States concluded that 'cigarette smoking is a health hazard of sufficient importance in the United States to warrant remedial action.' "[36]

Luther Terry, M.D., who became Surgeon General of the United States in 1961 recently wrote: "In 1964, when we released the report of the U. S. Public Health Service Surgeon General's Advisory Committee, *Smoking and Health,* our findings for condemning cigarette smoke for many of these illnesses were backed up by reports in professional journals on respiratory disease and cancer. . . .

"We had come to the point where cigarette smoking, as a factor contributing to the death of 300,000 people in the United States each year, could not be disregarded."[37]

According to the Surgeon General's report, "The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking. In comparison with non-smokers, average male smokers of cigarettes have approximately a 9- to 10-fold risk of developing lung cancer and heavy smokers at least a 20-fold risk."[38]

"Women smoking during pregnancy have babies of lower birth weight than non-smokers of the same social class. They also have a significantly greater number of premature deliveries. . . . The difference in infant weight may be due to vasoconstriction of the placental blood vessels or to toxic substances such as CO [carbon monoxide] in the circulation of the smoker and fetus."[39]

"According to a British study women who smoked during pregnancy had a 30 percent higher stillbirth rate than nonsmokers and infants born to smoking mothers had a 26 percent greater death rate in the first few days than babies of mothers who did not use cigarettes."[40]

A striking dose-related association of the cigarette habit with myocardial infarction, sudden death, and coronary mortality in general has been demonstrated. W. B. Kannel, M.D., F.A.C.C., has shown in the Framingham Study that cigarette smoking has "a relatively immediate effect (triggering lethal coronary attacks in vulnerable persons). . . . It is encouraging to note that for those who renounce the habit (except for those over age sixty-five) the risk [of coronary heart disease] is half that of those who continue to smoke."[41]

"Smokers dying of causes other than I.H.D. [ischemic heart disease] have been found at autopsy to have more coronary atherosclerosis than non-smokers. The major influence of smoking is upon the incidence of sudden death, however; and the data now appear convincing that stopping smoking rather rapidly decreases this particular risk."[42] A supplement published by the U.S. Department of Health, Education, and Welfare reports that ". . . cigarette smoking is the main cause of lung cancer in men. . . . Smoking is a significant factor in the causation of cancer of the larynx and in the development of cancer of the oral cavity. Further epidemiological data strengthen the association of cigarette smoking with cancer of the bladder and cancer of the pancreas."[43]

In an article entitled "Smoker Who Kicks Habit Can Reverse Lung Damage," Dr. Oscar Auerbach, Professor of Pathology at the College of Medicine and Dentistry of

New Jersey, Newark, recently stated: "All lung disorders increase in severity as cigarette consumption increases. . . .

"Cigarette smoking . . . [affects] the walls of the alveolar sacs, thereby causing emphysema, which is responsible for many deaths but even more disability. . . .

"Typically, a lung section from a nonsmoker reveals a 'smooth' lung. A lung section from a smoker with emphysema, however, is full of holes caused by the rupture of the alveolar septa and looks like a piece of Swiss cheese."[44]

## Exercise and the Circulation of the Blood

In 1905 Mrs. White said, "Inactivity is a fruitful cause of disease. Exercise quickens and equalizes the circulation of the blood, but in idleness the blood does not circulate freely, and the changes in it, so necessary to life and health, do not take place. The skin, too, becomes inactive. Impurities are not expelled as they would be if the circulation had been quickened by vigorous exercise, the skin kept in a healthy condition, and the lungs fed with plenty of pure, fresh air. This state of the system throws a double burden on the excretory organs, and disease is the result."[45]

In 1870 she said, "When the weather will permit, all who can possibly do so ought to walk in the open air every day, summer and winter. . . . The muscles and veins are enabled better to perform their work. There will be increased vitality, which is so necessary to health."[46]

In their standard textbook, two famous physiologists, Drs. Best and Taylor, wrote, "The abdominal and limb muscles support the vein walls and prevent their 'giving' under the weight of the blood. . . . The intermittent contractions of the skeletal muscles in conjunction with the valves of the veins propel the blood in the upward direction."[47]

In 1960 Mervyn G. Hardinge, M.D., Dr.P.H., Ph.D., commenting on this well-known phenomenon, said, "In designing our bodies, the Creator built into our veins little one-way valves. The veins themselves, lying between muscle layers or under the skin, are compressed or squeezed as the muscles contract, thus forcing the blood upward, the valves preventing any back flow."[48]

The simple, matter-of-fact statement that through exercise "the muscles and veins are enabled better to perform their work" was made at a time when the venous circulation was but poorly understood. Today, based on an understanding of this concept, patients confined to bed are turned frequently and encouraged to exercise the toes, feet, and legs as much as possible, even while lying or sitting in bed, to maintain adequate circulation and minimize the development of blood clots and other related complications.

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# UNIQUE CONTRIBUTIONS THROUGH RESEARCH

Loma Linda University School of Medicine's Department of Biomathematics, using the Scientific Computation Facility (SCF), has developed spectacular procedures which not only contribute to the speed and accuracy of diagnosis but also help reduce the cost of diagnostic tests. And in some cases, they produce diagnostic information never before available.

Ivan B. Neilsen, Ph.D., Chairman of the Department of Biomathematics and Coordinator of SCF, has led a team of computer specialists in the development of procedures which directly benefit patient care at the Medical Center.

## Computer-assisted Pulmonary Function Analysis

To measure the severity of a patient's lung disease or to detect whether the patient even had lung disease, the first inspiration-expiration measuring device, or spirometer, was invented in 1846.

Today modern spirometry, used by most hospitals, measures the breathing capacity of the lungs. While administering the test, the technician must repeatedly encourage the patient to "breathe in . . . out . . . in . . . out . . . keep going . . . deeper . . . that's it . . . keep going . . ." This time-consuming test took about one hour to administer and thirty minutes to evaluate.

SCF has developed a spirometric computer program which reduces from thirty minutes to about five seconds the time spent in analyzing, interpreting, and reporting the results. This aids the physician, a pulmonary specialist, in making a quick and accurate diagnosis.

The computer-assisted spirometer calculates the flow-volume ratio. This ratio is an accurate measure of breathing performance. On a screen, similar in appearance to a TV screen, the ratio is graphically displayed as a closed loop. By studying the shape of the loop, the technician can see whether the patient is fully cooperating (breathing as deeply as he can) and whether the test should be repeated. The shape of the loop also reflects the area of the lung in which the patient is having trouble; thus it can suggest diagnoses which might be overlooked by conventional spirometer tests. The loop displayed on the video screen is also recorded on a picture printout, and the computer provides an interpretation of the printout.

Other hospitals as far away as Denver, Colorado, have inquired about the possibility of gaining telephone access to the computer program. That possibility is now being studied. This unique computer program was developed in 1972-73 by two pulmonary specialists, George G. Burton, M.D. (Class of 1961), and John E. Hodgkin, M.D. (Class of 1964). Working with them was John A. Lauer, a graduate student, who incorporated the results of his research into a master's degree project.

## Grey Scale Diagnostic Ultrasound

Diagnostic ultrasound is a relatively new diagnostic tool based on the principles used in sonar: It uses harmless sound waves to "see" inside the human body. A transducer, which functions alternately as a sound transmitter and microphone, emits sound waves approximately one thousand times a second. As these sound waves are reflected from the surface of a particular internal structure in the body, they are picked up by the transducer and converted to electrical energy and then to light, creating a black and white line drawing on an oscilloscope. The picture is based on the time it takes for the echo to return to the transducer.

In 1972 Ernest N. Carlsen, Ph.D., M.D. (Class of 1969), Director of Diagnostic Ultrasound, developed the technique and equipment for what is known as "Grey Scale Imaging." This pioneering technological breakthrough has revolutionized diagnostic ultrasound. By the use of a scan-converter (a specialized storage tube capable of building and storing an image with various shades of grey), a "picture" is developed that can be displayed on a television screen. "Grey Scale" produces pictures of internal structures ranging through the spectrum from white to black, much as in an ordinary photograph. It provides a much wider range of diagnostic information than did the black and white outlines of ordinary ultrasound.

A *three-dimensional* re-creation of the internal structure being studied can be developed by making a series of vertical cross sections through the body. This process might be compared to slicing a loaf of bread. The ultrasound specialist can study any of the cross sections just as one might examine any slice from a loaf of bread.

Diagnostic ultrasound can safely confirm pregnancy from three to four weeks after conception, considerably sooner than with more traditional methods. It can monitor fetal development, determine fetal age and sex, confirm multiple pregnancies, and detect retardation of fetal growth or death. It can picture a fetal abnormality as small as a defective heart valve. Diagnostic ultrasound can see the liver, spleen, kidneys, pancreas, large blood vessels, and lymph glands in the adult. It can detect hard-to-find growths or cysts in the abdomen, help locate and identify tumors, and help diagnose internal infection and internal bleeding (if the blood pools). It can detect tumors of the heart, defective heart valves, and blood vessel ruptures; and it can determine the size of heart chambers.

# Color-Coded Scintography

In nuclear medicine, radioactive isotopes in numerous chemical forms (called radio pharmaceuticals) are introduced into the bloodstream of patients suspected of having cancer, heart disease, or a blood clot in the lung. These isotopes help to locate and verify the nature of the problem by the way they relate to the organ being studied.

Whether an organ collects or rejects isotopes depends on what organ it is and on whether it is diseased or healthy. A cancer in the bone, for example, collects higher than normal concentrations of radioactivity; whereas abnormal areas of the liver reject the isotopes. Normal bone and normal liver have the reverse reaction.

After the isotopes are introduced into the body, a special scintillation camera (which photographs gamma radiation instead of light) then photographs the distribution of the radioactive isotopes. These nuclear images, which are displayed on an oscilloscope in shades of gray, often provide diagnostic information not available from X-ray examinations. For example, if the patient has cancer of the bone, the camera will reveal higher concentrations of radioactivity in the diseased bone. This will be of value in diagnosis of the nature and extent of the abnormality. The diagnosis is then used by the patient's physician to aid in prescribing appropriate therapy.

One drawback of the "grey scale" in this application is its contrast limitations. However, in 1969 a physicist in the School of Medicine, Ralph Adams, developed computer-controlled, color-code scintography. Adams adapted his ideas to a computer display in which radioisotope images are displayed in color as a pattern, 64 squares wide and 64 squares high—a matrix of 4,096 squares.

The color-coded method enhances contrast, improves pattern recognition, helps make diagnosis much more accurate, and helps identify serious problems in the early stages—and it preceded by seven years the commercial color video displays introduced in 1976.

## Radiation Therapy Planning

Advances have been made in recent years in the development of radiation therapy equipment which greatl enhances the capabilities of the physician who specialize in cancer treatment (the radiation oncologist) and the radiation physicist. There is now available a wide variety o equipment which can produce well-defined beams of radiation of infinitely varied shapes and sizes. Precise doses o radiation can now be delivered to specific tumor sites t retard or stop tumor growth.

But radiation can damage healthy as well as disease tissues. To minimize the harmful effects, the radiation oncologist, in consultation with the radiation physicist, mus plan a program of therapy which will deliver therapeuti doses of radiation to the site of deep tumors with minimum damage to surrounding areas.

For the patient's safety, precise measurements an careful planning are extremely important. But such procedures can be complex and time-consuming.

To simplify and speed the making of such a treatmen plan, scientists under the direction of James M. Slater M.D. (Class of 1963), began in 1974 to develop a computer-based radiation therapy planning system which use an ultrasound scanning device and a color video screen.

This radiation treatment planning system can accep data about the patient from the ultrasound scan, computerized tomographic (CT) scans, diagnostic X-ray pictures, radioactive isotope scans, and other sources. I essence, it brings together in one integrated, computerize unit all the electronic and technical hardware and all th diagnostic and anatomical treatment planning tools of th cancer treatment specialists.

As compared with older methods, this system provide a much more rapid and accurate evaluation of possibl treatment alternatives; it also gives the therapist the capability of determining much more quickly the best possibl radiation dose distribution pattern for the individual patient—more quickly because all the information about th patient is immediately available and can be instantly processed by the computer.

This system is also capable of recording, for future reference, *accumulated* dose-distributions for patients who have been treated under several different treatment plans; thus the treatment specialist knows the *total* amount of radiation to which the tumor and surrounding area have been exposed.

While today there are many similar integrated radiation therapy planning systems in leading hospitals, Slater pioneered in interfacing diagnostic tools with the computer system. It is now one of the most versatile and complete in the world.

Chosen to be members of the United States delegation, Slater and William T. Chu, Ph.D., presented their research in developing this system to the International Atomic Energy Agency Symposium of Advances in Biomedical Dosimetry, held in Vienna, Austria, in March 1975. And their exhibit entitled "Computerized Radiotherapy Planning System" won first prize at the Third International European Congress of Radiologists, held in Edinburgh, Scotland, in June 1975.

## Research to Benefit Open Heart Surgery

Three honors were awarded in 1975 to a six-member interdepartmental research team under the direction of Brian S. Bull, M.D. (Class of 1961), Chairman of the Department of Pathology. Their research demonstrated a method which significantly increases the safety and success of open heart surgery.

During open heart surgery, heparin, an anticoagulant medication, is used to prevent clotting of the blood. After surgery another medicine, protamine, is used to neutralize the effects of the anticoagulant. The traditional approach has been for the anesthesiologist to follow strict guidelines based on the patient's *body weight and body surface area* to calculate the heparin and protamine doses.

The Loma Linda University team concluded that the traditional *weight/surface area* method could lead to da gerous clotting or other hazards because of wide variabi ity in patient response. They developed a method individualizing the medication dosage, depending on ho a sample of the patient's blood responds to the hepari and protamine during the first few minutes of surger During their research the team developed mathematic calculations to plot an individual dose-response cur from which the correct doses could then be determine (This has since been computerized.)

An exhibit describing these advances was prepared f the 1975 national meeting of the American Society Anesthesiologists. Twenty-five scientific exhibits were a cepted for display. Judged on the basis of their value i presenting new scientific concepts and methods, the e hibit—"The Laboratory Control of Heparin and Pr tamine Therapy in Cardiovascular Bypass"—won fir prize by unanimous vote of the judging committee.

A paper by the same team—"Evaluation of Tests Use to Monitor Heparin Therapy during Extracorporeal Ci culation"—was selected for inclusion in the 1976 *Yea book of Anesthesiology*, a compilation of summaries the year's best articles published in the field of anesthesio logy. This honor was followed by a third.

A member of the team, Ralph A. Korpman, M.D (Class of 1974), a medical student at the time he wrot the computer simulation program, received first prize f the best research done during the year by a medic student in a University Department of Pathology—th Sheard Sanford Award. He received the award an presented his findings at the joint 1975 spring meeting the American Society of Clinical Pathologists and th American College of Pathologists.

*Appendix F*

# WHATEVER HAPPENED TO THOSE GOOD OLD SANITARIUMS?

Today there are only a few Adventist sanitariums. These *self-supporting* institutions continue the original sanitarium concept and also can provide long-term live-in care.

Today the patient who goes to a self-supporting Adventist sanitarium may not be acutely ill, but he may feel "under par," may want to lose weight or stop smoking or drinking, or may have some minor chronic ailment. Possibly he wishes to adopt a life-style that will put him in the best possible health.

In the sanitarium he is guided in a personalized program where he learns to eat a balanced diet; to get adequate amounts of exercise, sunshine, fresh air, pure drinking water, rest, and sleep; to abstain from that which harms health; to practice moderation in the use even of that which is harmless; and to trust in God—all remedies which the patient himself can apply to maintain health. In addition, there are natural remedies applied by the sanitarium staff, such as fomentations and physical therapy to alleviate his particular ailment. There may also be some acute-care, lab, X-ray, and surgical services available; still, the emphasis is on prevention, on teaching the patient how to regain and maintain optimum health. The costs would be high except that many of the personnel donate all or part of their services.

By the turn of the century the church had established twenty-six sanitariums and treatment rooms in the United States and abroad. At one time the Battle Creek Sanitarium was the largest institution of its kind in the world. In 1927 it had over fifteen hundred beds. Then something happened. As medical knowledge increased, sophisticated new diagnostic and therapeutic techniques proliferated The public demanded "miracles." Church members demanded "miracles." Though natural remedies worked other methods worked faster.

As a result, over the years Seventh-day Adventist *church-operated* sanitariums have slowly become hospitals which provide care chiefly for the acutely ill. Even the Battle Creek Sanitarium Hospital dropped its sanitarium functions in 1972, retaining its acute-care hospital functions and mental health facilities. The Battle Creek institution and the Hinsdale Sanitarium and Hospital, the only church-operated institutions in North America using the word "sanitarium" in their names, do so only because o sentiment in the community, even though they are now acute-care hospitals.

But some sincere church members are frustrated tha Adventist sanitariums have become hospitals. Some are also disturbed by the fact that Adventist physicians and hospitals prescribe and administer so many drugs. Ellen White spoke out against drugs, favoring natural remedies of the type promoted by sanitariums. At first glance, there could seem to be a serious disregard for the counsel of Ellen White.

These two concerns are closely related. To understand these changes and to more fully appreciate Seventh-day Adventist medicine as it is practiced today, one must understand, (1) Mrs. White's attitude toward drugs in particular and medical care in general, and (2) the dramatic difference between modern health care and that of Mrs White's day.

Ellen White condemned "drugs that poison the blood and endanger life."[1] She wrote in 1888, "Drug medication, *as it is generally practiced,* is a curse."[2] On the other hand, in a letter to personnel at St. Helena Sanitarium, she said that drugs may not be as dangerous if "wisely administered."[3]

She recognized that there are times and circumstances when it is justifiable and indeed necessary to employ medications, even those known to be poisonous, although she condemned the indiscriminate, careless use of drugs. This is substantiated by a note from the compilers of *Selected Messages, Book 2,* commenting on Mrs. White's approval of surgery:

"Before major surgery, the entire body is saturated with a powerful and, in a sense, harmful drug [the anesthetic], to the point of complete unconsciousness and to complete insensibility. By the same token, after surgical procedures, the physician may find it necessary to administer [pain killers] that almost certainly include drugs to give relief and prevent the patient from lapsing, from sheer pain, into a state of surgical shock and, in some instances, possible death."[4]

Regarding surgery, Mrs. White wrote, "It is our privilege to use every God-appointed means in correspondence with our faith, and then trust in God, . . . If there is need of a surgical operation, and the physician is willing to undertake the case, it is not a denial of faith to have the operation performed."[5]

It is apparent from these statements that Mrs. White's attitude reflected a great deal of common sense. It would seem unreasonable to assume that her warnings against poisonous drugs could be an indictment against all drugs for all time. Most of the drugs in use during her time are recognized today as poisons: arsenic, strychnine, opium, heroin, calomel, prussic acid, lunar caustic, antimony, and mercury. She said of these drugs, "We can with safety discard the concoctions which man has used in the past."[6]

Commenting on this, the compilers of *Selected Messages,* Book 2, noted in 1958, "It is an interesting fact that as a result of twentieth century medical research, physicians have largely discarded most of the medications in common use at the time referred to in this statement."[7] "Mrs. White nowhere states, in discussing such simple medications, that other and more effective medications might not later be found."[8]

## "Do the Best We Can"

It is clear that Ellen White favored the use of all the means provided by God to heal the sick. When medications are beneficial and are appropriate (though few were in her day), they may be used. When surgery is called for, it should be performed. She wrote in 1905: "It is not a denial of faith to use such remedies as God has provided to alleviate pain and to aid nature in her work of restoration. . . . God has put it in our power to obtain a knowledge of the laws of life. This knowledge has been placed within our reach for use. We should employ every facility for the restoration of health, taking every advantage possible, working in harmony with natural laws."[9]

Ellen White herself used tea as a medicine (though not as a beverage). She recognized that blood transfusion could save life. She had radiation therapy—twenty-three X-ray treatments at Loma Linda for a skin problem. She was vaccinated for smallpox and urged her helpers to be vaccinated also.[10] She once advised a missionary to Australia that if quinine was the best thing available to fight malaria, it should be used. When the missionary asked "Would I have sinned to give the boy quinine when I knew of no other way to check malaria and when the prospect was that he would die without it?" she replied "No, we are expected to do the best we can."[11]

Ellen White once wrote, "The present cannot be judged by the past."[12] She recognized that times change, and that the principles in her counsels would need to be applied to meet the needs of changing times. And times have changed, especially in the world of medical care.

If the axiom that medical knowledge doubles every ten years is true, then medical knowledge has increased over 6.500 percent since the death of Ellen White in 1915. It is difficult to determine whether it has doubled every ten years *since as early as 1915;* however, some say that in recent years medical knowledge has been doubling much faster than every decade. In any event, according to the California Medical Association, about eighty percent of the medications used today had not been developed ten years ago. There are now three times as many laboratory tests as were available ten years ago. Average hospital stays are half as long as they were twenty-five years ago.

In 1964 about fifty thousand babies were affected by German measles: thirty thousand deformed, twenty thousand born dead. German measles once appeared in epidemic proportions about once every seven years. Because of vaccines developed by pharmaceutical companies, a major epidemic anticipated for 1971 failed to materialize.

Modern drug therapy and medical treatment have saved countless lives. In the United States we rarely hear of polio, scarlet fever, typhoid fever, yellow fever, cholera, plague, diphtheria, tetanus, scurvy, leprosy, or malaria. Pneumonia is not the killer it was just a few years ago. The treatment of epilepsy is so advanced that most Americans have never seen an epileptiform seizure.

Chemotherapy has greatly benefited patients with acute lymphoblastic leukemia, a form of cancer of the blood mostly affecting patients less than ten years of age. A combination of drugs induces remission in 80 to 90 percent of the children who have the disease.[13]

Most of the medicines used today were developed after Ellen White's death: antibiotics, antihistamines, anticoagulants, anticancer therapeutic agents, hormones, steroids, scientific diagnostic aids, insulin, bronchodilators and mucolytic agents (both used in respiratory therapy), and modern diuretics. Likewise, intensive care units and most of today's surgical techniques and medical procedures simply did not exist: open heart surgery, respiratory therapy, artificial kidney machine dialysis, microsurgery, fetal monitoring, vascular surgery, neurosurgery, dental pain control, coronary care, organ transplantation, hypothermia surgery, cryosurgery, and total joint replacement.

It is only within the last decade or two that such sophisticated diagnostic procedures have been developed as computer-assisted pulmonary function analysis, computer-assisted electrocardiogram analysis, chromosome analysis, electroencephalography, electromyography, amniocentesis, diagnostic ultrasound, computer-assisted radioimmunoassay, automated blood chemistry, radioactive isotope scans, computer-assisted selective coronary arteriography, and computerized tomography (CT) scanners.

## An Appropriate Response to Human Need

Surely the Great Physician wishes today's physician to do his best to help those with such physical problems as birth defects, arthritis, ulcers, strokes, cancer, burns, lung disease, diabetes, spinal cord injuries, and brain injuries. Although not everyone can be helped by modern medicine, medical science today no longer feels it is futile to seek cures for once hopeless conditions. Men and women who would have died without today's advanced technology are being returned to useful and productive lives.

The author's secretary was hospitalized in 1976 with subacute bacterial endocarditis, an infection in the membrane lining the heart. It was complicated by a hole in the membrane that separates the chambers of the heart. According to her cardiologist, she could have died within three months without antibiotics. "Natural remedies"—exercise, proper diet, fresh air, hydrotherapy—could not have healed her rapidly enough to keep pace with the deadly advance of the infection. Before 1945 almost one hundred percent of the patients with her problem died. Their bodies could not produce enough antibodies to fight off the infection. Who would have denied her the one million units of penicillin every four hours for three weeks —a "light dose" of six million units per day—which restored her to health? (Some diseases require up to 40 million units a day.)

This is not to reject "natural remedies" nor to reject Ellen White's statement that "the Lord has provided antidotes for disease in simple plants."[14] Indeed, *many of today's so-called "drugs" are natural remedies.* "It is to be observed that a large proportion of the prescriptions written by physicians today [said in 1958] call for ingredients taken from the vegetable kingdom. . . ."[15]

This is not to say that there are no problems with today's medical care. The miracle drugs *are* sometimes overprescribed. There *is* drug abuse and overuse. There *are* incompetent or dishonest physicians. And in a continuing effort to provide quality care, conscientious physicians have established programs to discipline negligent physicians.

And there is another problem. With all of the recent advances in medical science, many believe that it is an exact infallible science with guaranteeable results. It is not. It is still a frontier science with much to be learned. With the knowledge explosion so much evident today, we cannot assume that medical knowledge will not also continue to advance with giant strides.

Meanwhile, medical and surgical decisions are sometimes difficult to make. The known benefits of the medication must outweigh the known harmful side effects. Risks may need to be taken. Alternatives must be considered and challenges met. But to neglect the use of medicines which have been proven to save lives when "natural remedies" cannot heal fast enough to prevent serious disability or death is to neglect God-appointed means of recovery and to expect divine miracles to replace the "miracle drugs" that are already in the physician's hands.

Ellen White wrote in 1905, "God does not heal the sick without the aid of the means of healing which lie within the reach of man."[16]

As compared with one hundred or even fifty years ago, today's drug medications are being prescribed with great discretion and health-promoting, life-prolonging effect. In a recent five-year study of 26,000 acutely ill hospitalized patients in seven countries, it was found that only 24 patients died of drug-related causes. Further, the treatment of these 24 patients (most of whom were severely or terminally ill with cancer, heart failure, or chronic alcoholism) represented a "last ditch life-saving effort, and death, when it came, was not altogether unexpected." *Only three* of these deaths were due to an unlooked-for "catastrophic outcome from drug administration."[17]

## Sanitarium Comeback?

While curing acute disease through drug medication and surgery is a great boon to twentieth-century man, modern medicine feels the need of emphasizing prevention rather than cure. Many diseases are caused by poor health habits and intemperate living—a result of the modern way of life. This needless suffering is being reduced through health education. A greater need for health education is underscored by the low level of health throughout the world and by the sky-rocketing costs of modern medical care (projected to be $230 billion a year by 1980 in the United States alone). Today one of the national health priorities is "the promotion of activities for the *prevention* of disease . . . and the provision of *preventive* health care service."[18]

Loma Linda University has recognized this priority by establishing through its School of Health, a strong Department of Health Education and the Doctor of Health Science program for the education of individuals in the science of preventive care—the first such program in the nation. The doctor of health science can analyze and evaluate healthy individuals and recognize those with the greatest risks of developing disease. He can then outline a program for the patient that will reduce those risks.

Today support is growing in the U.S. for a new type of sanitarium—a better living center emphasizing prevention of disease through health education and by helping individuals attain maximum health and physical fitness. This concept, clearly echoing the principles and philosophy of the old sanitariums, is now backed by all that modern health science has to offer.

A serious question which must be answered is: Who will pay for such better living centers? New legislation or philanthropy may help fund them. One financial solution may be to make the better living center an integral part of the services of a health maintenance organization. (An HMO is a prepaid comprehensive health-care system, providing hospital and outpatient services for those who enroll.) The 180-bed St. Helena Hospital and Health Center, located seventy miles north of San Francisco and four miles north of St. Helena, California, offers a full range of health maintenance and improvement programs.

It conducts live-in smoking cessation, weight management, and alcohol detoxification and rehabilitation programs, in addition to the services of a 108-bed acute-care medical/surgical hospital. The Health Center offers instruction in diet and nutrition, physical activity, and management of stress.

The Executive Health Care Program includes a comprehensive health evaluation and health improvement plan individually designed for each participant. St. Helena's five-day, live-in smoking cessation program has the highest long-term success rates of any such program in the United States. The plan was featured in the spring of 1974 in an Ann Landers column. The following month the institution received 3,396 inquiries.

Meanwhile, the physicians, chaplains, health educators, and other allied health professionals in acute-care Adventist hospitals are employing "every facility for the restoration of health and prevention of disease," using "th means of healing which lie within the reach of man."

In any condition of health or disease, the program mus be appropriate. In every situation, whether in a sanitar ium, a better living center or an acute-care hospital, al health comes from God. And every method should be means whereby the healing power of God can worl through His laws.

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2. *Healthful Living,* p. 246. (Italics added.)
3. 1884 (Letter 3).
4. *Selected Messages,* Book 2, p. 278.
5. *Ibid.,* p. 284.
6. *Ibid.,* p. 289.
7. *Ibid.*
8. *Ibid.,* p. 293.
9. *The Ministry of Healing,* pp. 231-32.
10. *Selected Messages,* Book 2, pp. 302-303.
11. *Ibid.,* p. 282.
12. *An Appeal to Mothers,* p. 15.
13. *Recent Developments in Internal Medicine,* 1977, p 133.
14. *Selected Messages,* Book 2, p. 289.
15. *Ibid.*
16. *Ibid.,* p. 286.
17. *Journal of the American Medical Association,* February 28, 1977.
18. The National Health Planning and Resources Development Act (Public Law 93-641). (Italics added.)

# THE SIX MIRACLES OF MONTEMORELOS

By Walton J. Brown

General Conference Education Director

"The day of miracles is not past. Yesterday, April 20, 1977, . . . I saw the results of several miracles.

"Because of laws requiring strict separation between church and state in Mexico, to have a nationally recognized, Seventh-day Adventist-run university seemed out of the question in 1972.

"And then came the first miracle. A series of student strikes in the state where Montemorelos University is situated prompted the governor into granting charters to several small colleges throughout the region. The Seventh-day Adventist school was not included, but the president of the college wrote the governor a letter requesting a list of requirements to be fulfilled in order to obtain this status. The governor didn't answer.

"When the governor resigned, the federal government named an acting governor until a regular governor could be elected. The college president wrote another letter requesting information but there still was no answer.

"Then one day early in April, 1973, a large envelope from the executive mansion arrived at the college president's office. The president opened the letter, hoping that it might contain information concerning requirements for upgrading the college to university status, that he could present to the church boards for their consideration and possible approval.

"But this was not the case. What he removed from that envelope was a complete and final charter for the operation of a full-scale university, with full authorization to grant degrees up to the doctoral level, including medicine! This was confirmed to the astounded brethren when it appeared in the *Official Gazette* the following month. Not long afterward the World Health Organization granted full recognition to the School of Medicine.

"This was the first miracle. The second was to come during the next few months. When the news of the *fait accompli* reached the Inter-American and General Conference offices it sent chills of apprehension up and down the spines of responsible administrators. "No way" was the initial reaction of men whose thoughts of universities led to vistas of vast buildings, expensive progress, unlimited financial demands, and huge administrative headaches. . . .

"But in line with denominational practice, committees to study the situation were appointed, the first in June, 1973, . . . and the second in March, 1974. . . . After much prayer and study the conviction grew that God had opened a door, and that it should not be slammed. . . . So the committees, exercising faith, recommended that full advantage of the possibility should be taken. The Inter-American Division and the General Conference committees gave the approval. This was the second miracle. Others followed. . . .

"The third miracle was the response of the Spanish constituencies to the new educational opportunity offered. The total college enrollment in 1973 had been 173 students. This number had become 529 in 1977. . . .

"The committees had authorized classes of 25 in the new medical school. The first year saw a total of 43 in the opening class, and the current first year has a total of 41 students, making a total of 84. It is anticipated that another 50 will be admitted to the next two classes.

Twenty-four nations are represented in the university enrollment. . . .

"Loma Linda University is the fourth miracle. The Medical School and University personnel have done everything within their power to make the Mexican school a success. They have sent their professors. They have sent truckloads of medical equipment to help in the launching of this second medical [school] in the denomination. No institution could coöperate more enthusiastically than Loma Linda University has in the development of such a project.

"Another miracle is the development of the new campus. . . .

"All of this consumed most of the financial resources of the church. Dormitories were needed, but there were no funds. Here came the fifth miracle. Into the breach stepped the *Evangelische Zertralstelle Für Entwicklungshilfe E.V.*, a semiofficial charitable evangelical group with headquarters in Bonn-Bad Godesberg, West Germany, which contributed more than US $800,000 for the construction of a pair of two-story dormitories. The men's hall was completed in 1976, and the women's was being finished at the time of our visit in April. There were no strings attached except that the church should contribute 25 percent, and that the construction must be of the type and quality approved by the contributing organization.

"The development of the School of Medicine required a new and more modern hospital facility, but no funds were available for such an expensive project. At the time of our visit arrangements were being conducted for a new six-wing 120-bed hospital to which the same West German organization would contribute $1.5 million and the church the other 25 percent of the $2-million total. . . .

"Our committee, then, found a total of five new buildings on this new campus: the theology and medical buildings, the two new dormitories, and the cafeteria. An unfinished gymnasium-auditorium was already being used. Under construction was a new 10,000-square-foot library with seating capacity for 420 students. Being planned was a new 10,000-square-foot administration building. In addition to the above, three buildings for 12 married-student families have been built, and eight new homes for faculty families are in use. More of each type are being planned.

"When the new hospital facility is completed by the close of 1978 the old hospital may be converted into a facility for the School of Nursing and medical offices for outpatients. Doors, windows, floor tile, and much of the school furniture are being made in the school shops.

"The sixth miracle came to pass just prior to the arrival of our committee—the authorization of the government for Montemorelos University to decide on its own admission policies and to evaluate transcript records from other institutions, thus granting complete administrative and academic autonomy to this Seventh-day Adventist institution.

"At the present time the university is offering advanced courses in theology, pedagogy (in five disciplines), business (offering a Certified Public Accountant certificate), nursing, and medicine. Newly authorized is a School of Music, with three music degrees, instrumental, choral, and teaching.

"As I stated above, the day of miracles is not past. Miracles such as those at Montemorelos, Mexico, also are happening in other places in the world. God is blessing His work everywhere even as He is blessing in Mexico, where membership has jumped from 58,406 in 1972 to 90,678 in 1977."[1]

According to Walton J. Brown, General Conference Education Director, the church is now studying the feasibility of founding schools of medicine in Brazil and the Philippines some time in the 1980s.

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[1] Walton J. Brown, in *Review and Herald*, June 30, 1977. Reprinted by permission.

*Appendix H*

# SEVENTH-DAY ADVENTIST HOSPITALS IN NORTH AMERICA

Ardmore Adventist Hospital
1012—14th Street N.W.
Ardmore, Oklahoma 73401

Battle Creek Sanitarium Hospital
197 North Washington Avenue
Battle Creek, Michigan 49016

Boulder Memorial Hospital
311 Mapleton Avenue
Boulder, Colorado 80302

Castle Memorial Hospital
640 Ulukahiki Street
Kailua, Hawaii 96734

Feather River Hospital
5974 Pentz Road
Paradise, California 95969

Florida Hospital
601 E. Rollins Street
Orlando, Florida 32803

Florida Hospital Apopka
201 N. Parke Avenue
Apopka, Florida 32703

Florida Hospital North
601 E. Altamonte Avenue
Altamonte Springs, Florida 32701

Fuller Memorial Hospital
231 Washington Street
South Attleboro, Massachusetts 02703

Glendale Adventist Medical Center
1509 Wilson Terrace
Glendale, California 91206

Hackettstown Community Hospital
651 Willow Grove Street
Hackettstown, New Jersey 07840

Hadley Memorial Hospital
4601 Martin Luther King, Jr. Ave., S.W.
Washington, D.C. 20032

Hanford Community Hospital
P. O. Box 121
Hanford, California 93230

Hays Memorial Hospital
P. O. Box 767
San Marcos, Texas 78666

Highland Hospital
Route 4
Portland, Tennessee 37148

Hinsdale Sanitarium & Hospital
120 North Oak Street
Hinsdale, Illinois 60521

Huguley Memorial SDA Medical Center
P. O. Box 6337
Fort Worth, Texas 76115

Jay Memorial Hospital of SDA
Box H
Jay, Oklahoma 74346

Jellico Community Hospital
P. O. Box 118
Jellico, Tennessee 37762

Kettering Medical Center
3535 Southern Boulevard
Kettering, Ohio 45429

Loma Linda University Medical Center
11234 Anderson Street
Loma Linda, California 92354

Louis Smith Memorial Hospital
Box 306
Lakeland, Georgia 31635

Madison Hospital
500 Hospital Drive
Madison, Tennessee 37115

Marion County Hospital
P. O. Box 548
Jefferson, Texas 75657

Medical Center Hospital
809 East Marion Avenue
Punta Gorda, Florida 33950

Memorial Hospital
P. O. Box 880
Beeville, Texas 78102

Memorial Hospital, Inc.
401 Memorial Drive
Manchester, Kentucky 40962

Menard Hospital
P. O. Box 608
Menard, Texas 76859

Monument Valley SDA Hospital
P. O. Box 6
Monument Valley, Utah 84536

New England Memorial Hospital
5 Woodland Road
Stoneham, Massachusetts 02180

North York Branson Hospital
555 Finch Avenue, West
Willowdale, Ontario, Canada M2R 1N5

Paradise Valley Hospital
2400 East Fourth Street
National City, California 92050

Parkview Memorial Hospital
Mere Point Road
Brunswick, Maine 04011

Porter Memorial Hospital
2525 South Downing Street
Denver, Colorado 80210

Port Hueneme Adventist Hospital
307 East Clara Street
Port Hueneme, California 93041

Portland Adventist Medical Center
10123 S.E. Market Street
Portland, Oregon 97216

Reading Institute of Rehabilitation
Route 1, Box 250
Reading, Pennsylvania 19607

Rest Haven General Hospital
10461 Resthaven Drive
Sidney, British Columbia, Canada V8L 3R7

Riverside Hospital
800 Youngs Lane
Nashville, Tennessee 37207

St. Helena Hospital & Health Center
Deer Park, California 94576

Shawnee Mission Medical Center
74th and Grandview
Shawnee Mission, Kansas 66201

Simi Valley Adventist Hospital
P. O. Box 456
Simi Valley, California 93065

Sonora Community Hospital
1, South Forest Road
Sonora, California 95370

Takoma Hospital
401 Takoma Avenue
Greenville, Tennessee 37743

Tempe Community Hospital
1500 South Mill Avenue
Tempe, Arizona 85281

Tillamook County General Hospital
1000 Third Street
Tillamook, Oregon 97141

Toole County Adventist Hospital and Nursing Home
112 First Street South
Shelby, Montana 59474

Walker Memorial Hospital
P. O. Box A
Avon Park, Florida 33825

Walla Walla General Hospital
1025 S. Second Avenue
Walla Walla, Washington 99362

Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, Maryland 20012

Watkins Memorial Hospital
P. O. Box 346
Ellijay, Georgia 30540

White Memorial Medical Center
1720 Brooklyn Avenue
Los Angeles, California 90033

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